

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NY**

**COVER SHEET FOR SCHEDULES, STATEMENTS, LISTS AND/OR AMENDMENTS**

Case Name: Eastern Niagara Hospital,  
Inc.Case No. 1-19-12342-CLBChapter 11**A. IDENTIFY TYPE OF DOCUMENT BEING FILED: (Select either #1, #2 or #3)**

- ☐ #1--Amendment to Previously Filed Document (Go to Sec. B)  
☒ #2--Schedule/Statement Not Previously Filed (Go to Sec. B)  
☐ #3--Schedule of Post-Petition Debts (result of conversion--no fee due) (Go to Sec. D)

**B. SUMMARIZE SPECIFICS OF DOCUMENT BEING FILED BY CHECKING APPLICABLE DATA ELEMENTS:**

- ☐ Official Form 101: ☐ Part 1 ☐ Part 2 ☐ Part 3 ☐ Part 4 ☐ Part 5 ☐ Part 6 ☐ Part 7  
☐ Official Form 106Sum: Summary of Your Assets and Liabilities and Certain Statistical Information  
☐ Official Form 106Dec: Declaration About an Individual Debtor's Schedules  
☐ Official Form 108: Chapter 7 Statement of Intention for Individuals  
☒ Schedules: (Please check schedules attached)  
☒ Schedule A/B ☒ Schedule C ☒ Schedule D (Go to Sec. C) ☒ Schedule E/F (Go to Sec. C)  
☒ Schedule G ☒ Schedule H ☐ Schedule I ☐ Schedule J ☐ Schedule J-2  
☒ Statement of Financial Affairs:  
☐ Statement Pursuant to Rule 2016(b)  
☐ Official Form 201: ☐ Debtor's Name ☐ Debtor's Address ☐ Debtor's EIN ☐ Other Names used by the Debtor  
☐ Other  
(Please indicate the Question # from Form 201 that is being amended and a brief description)  
☐ Official Form 201A: Ch. 11 Attachment to Voluntary Petition for Non-Individuals  
☐ Official Form 202: Declaration Under Penalty of Perjury for Non-Individual Debtors  
☐ Creditor Matrix  
☐ Chapter 13 Plan (Pre-confirmation): ☐ Decrease Payments ☐ Increase Payments ☐ Increases length of plan  
☐ Other:

*FOR CHANGES AFFECTING SCHEDULES D, E/F, THE LIST OF CREDITORS, MATRIX OR MAILING LIST,  
PROCEED TO SECTION 'C' OF THIS FORM. OTHERWISE, PROCEED TO SECTION 'D'.*

**C. CREDITOR/SCHEDULE INFORMATION: (Select either #1, #2 or #3)**

- ☐ #1--Creditors are being added or deleted by this amendment/schedule, AND  
☐ The \$31.00 amendment fee is attached  
☐ A matrix in the format prescribed by the Clerk with the complete names and addresses of the parties added is attached.  
Note: Do not repeat creditor information from a previously filed matrix. The Clerk's office will not delete creditors unless a motion to delete creditors is granted.  
☐ #2--Schedule(s) of creditors (Schedules D, E/F), list of creditors, matrix or mailing list is being amended for purposes other than adding or deleting creditors.  
☐ The \$31.00 fee is attached for this amendment [e.g. changing amount of a debt or classification of a debt].  
☐ The \$31.00 fee does not apply for this amendment [e.g. change of address of a creditor or change of attorney].  
☒ #3 -- No Creditors are being added or deleted.

**D. CERTIFICATION OF SERVICE, ATTORNEY'S DECLARATION AND DEBTOR'S UNSWORN DECLARATION**

**CERTIFICATION OF SERVICE:** Attach an "Affidavit of Service" listing each party served with a copy of the referenced document(s), this cover sheet and a copy of the §341 Meeting Notice (if applicable). Be sure to include the U.S. Trustee and the Case Trustee.

**DECLARATION OF ATTORNEY** [Attorney or debtor(s), if pro se, must sign.]: I declare that the above information contained on this cover sheet may be relied upon by the Clerk of Court as a complete and accurate summary of the information contained in the documents attached.

Dated: 11/27/19Signature: Jeffrey A. Dove

**DECLARATION OF DEBTOR(S):** [Required if declaration is not completed on the document(s) itself or by separate instrument.]

I declare under penalty of perjury that I have read this cover sheet and the attached schedules, lists, statements, etc., consisting of 114 sheets, ~~xxxxxxxxxxxx~~ and that they are true and correct to the best of my knowledge, information and belief.

Dated: 11/27/19Signature: Anne E. McCaffrey (debtor)  
Anne E. McCaffrey

**Fill in this information to identify the case:**Debtor name Eastern Niagara Hospital, Inc.United States Bankruptcy Court for the: WESTERN DISTRICT OF NYCase number (if known) 1-19-12342-CLB☐ Check if this is an amended filing**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>5,699,298.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>15,703,828.87</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>21,403,126.87</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>7,788,593.24</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>9,315.49</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>6,748,041.93</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>14,545,950.66</b>

Fill in this information to identify the case:

Debtor name Eastern Niagara Hospital, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF NY

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☐ Check if this is an amended filing

Official Form 202

## Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

11/27/19

x

Anne E. McCaffrey  
Signature of individual signing on behalf of debtor

Anne E. McCaffrey  
Printed name

President & CEO

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name Eastern Niagara Hospital, Inc.United States Bankruptcy Court for the: WESTERN DISTRICT OF NYCase number (if known) 1-19-12342-CLB☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of  
debtor's interest**  
**\$8,255.00****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account  
number3.1. Citizens Bank, N.A.General Operations  
Account7221\$1,262,423.003.2. Bank of AmericaHolding Account7071\$11,961.003.3. Citizens Bank, N.A.Board Restricted / ER  
Donations Account6037\$638,634.003.4. Citizens Bank, N.A.Gas Account6045\$3,539.003.5. Citizens Bank, N.A.Gas Account6053\$2,656.003.6. Citizens Bank, N.A.Payroll Account6177\$146.00

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3.7. Citizens Bank, N.A. Capital Account 5982 \$31,648.00

3.8. Northwest Bank Wolcott Keep Fund for  
Nursing Education  
Reimbursement Money  
Market Account 8950 \$500.00

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$1,959,762.00**

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

8.1. Prepaid - Synergy ZIX Gateway License (7/2018-7/2019) \$7,567.27

8.2. Prepaid - Forward Advantage (4/2019-4/2020) \$800.00

8.3. Prepaid - Forward Advantage (4/2019-4/2020) \$6,145.81

8.4. Prepaid - Foward Advantage (8/2019-8/2020) \$1,402.92

8.5. Prepaid - DrFirst.com Inc. (12/2014-12/2017) \$19,101.30

8.6. Prepaid - DrFirst.com Inc. (4/2019-4/2020) \$1,458.31

8.7. Prepaid - DrFirst.com Inc. (3/2019-3/2020) \$8,977.36

8.8. Prepaid - Dr.First.com Inc. (3/27/2019-3/26/2020) \$6,562.50

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8.9.	<u>Prepaid - Intelligent Medical Objects (6/2018-6/2019)</u>	<u>\$7,816.85</u>
8.10	<u>Prepaid - Tri-Delta Resources (7/2019-9/2019)</u>	<u>\$2,325.00</u>
8.11	<u>Prepaid - Tri-Delta Resources (10/2019-12/2019)</u>	<u>\$2,325.00</u>
8.12	<u>Prepaid - Micro Focus (4/2019-3/2020)</u>	<u>\$10,421.53</u>
8.13	<u>Prepaid - Kronos (8/2019-8/2020)</u>	<u>\$8,093.64</u>
8.14	<u>Prepaid - Lumsden &amp; McCormick (3/2019-12/2019)</u>	<u>\$4,000.00</u>
8.15	<u>Prepaid - Hanys Annual Membership Dues (1/2019-12/2019)</u>	<u>\$9,195.54</u>
8.16	<u>Prepaid - Hanys AHA Dues (1/2019-12/2019)</u>	<u>\$5,189.08</u>
8.17	<u>Prepaid - Hanys Market Expert Annual License (6/2019-6/2020)</u>	<u>\$10,861.38</u>
8.18	<u>Prepaid - Hanys Sepsis Tool License Fee (6/2018-12/2018)</u>	<u>\$214.70</u>
8.19	<u>Prepaid - Abacus Medical (4/2019-4/2020)</u>	<u>\$2,000.00</u>
8.20	<u>Prepaid - Pentax Medical Company (1/2019-12/19) 5 Year Total</u>	<u>\$2,636.99</u>
8.21	<u>Prepaid - ApplicantPro (4/22/2019-4/21/2020)</u>	<u>\$990.92</u>
8.22	<u>Prepaid - Intuitive (Robot) (9/2019-12/2019)</u>	<u>\$24,000.00</u>



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8.23	Prepaid - Washington Hunt (2017-2021) Start in January 2017	\$6,500.00
8.24	Prepaid - Pantheon Capital LLC - Lease #1030-09, Last Payment 4/2/2021	\$13,520.37
8.25	Prepaid - Hanys - Clintegrity License Fee (10/24/2019-10/23/2020)	\$38,086.27
8.26	Prepaid - Medical Liability Mutual Insurance (Dr. Singh) (10/2019-11/2019)	\$479.96
8.27	Prepaid - Medical Liability Mutual Insurance (Dr. Khalil) (10/2019-11/2019)	\$1,658.00
8.28	Prepaid - Medical Liability Mutual Insurance (Dr. Siddiqui) (10/2019-12/2019)	\$1,453.33
8.29	Prepaid - Medical Liability Mutual Insurance (Dr. Shitteh) (10/2019-12/2019)	\$548.00
8.30	Prepaid - PMA Companies (4/2019-3/2020)	\$112,143.55
8.31	Prepaid - Academic Health Professional Insurance (Dr. Hughes) (7/2019-7/2020)	\$4,565.32
8.32	Prepaid - Lawley Service Inc. (Healthcare Package) (6/2019-4/2020)	\$18,206.50
8.33	Prepaid - Lawley Service Inc. (Cyber Liability) (6/2019-4/2020)	\$8,802.50
8.34	Prepaid - Hanys - Clintegrity License Fee EAPG (11/3/2019-11/2/2020)	\$10,557.97

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$358,607.87**

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

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- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 4,020,126.00 - 0.00 = .... \$4,020,126.00  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 1,817,612.00 - 0.00 = .... \$1,817,612.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$5,837,738.00

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.  
☒ Yes Fill in the information below.

	Valuation method used for current value	Current value of debtor's interest
14. <b>Mutual funds or publicly traded stocks not included in Part 1</b> Name of fund or stock:		
14.1. <u>LPL Financial Stocks</u>	<u>Statement</u>	<u>\$130,906.00</u>
14.2. <u>Prudential Stock (325 shares)</u>		<u>\$29,234.00</u>

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**  
Name of entity: % of ownership

15.1. ENSO 40 % Investment \$80,000.00

15.2. Seagate Alliance 12.42 % Investment \$5,000.00

15.3. Majority shareholder of Eastern Niagara Services Organization, LLC % Unknown

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**  
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$245,140.00

**Part 5: Inventory, excluding agriculture assets**



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18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Medical Supplies	6/30/2019	\$1,482,152.00	Recent cost	\$1,482,152.00

23. Total of Part 5. \$1,482,152.00  
Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?  
☐ No  
☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?  
☐ No  
☒ Yes. Book value 1,482,152.00 Valuation method FIFO Current Value 1,482,152.00

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?  
☒ No  
☐ Yes

Part 6: **Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

Part 7: **Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
	Movable Equipment	\$5,423,532.00	Net Book Value	\$5,423,532.00

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card

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collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** **\$5,423,532.00**  
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No

☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. <b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>				
47.1.	<u>2017 Dodge Grand Caravan</u>	<u>\$11,711.00</u>	<u>Book Value</u>	<u>\$11,711.00</u>
47.2.	<u>2013 Ford EC350 Van</u>	<u>\$8,015.00</u>	<u>Book Value</u>	<u>\$8,015.00</u>
47.3.	<u>2016 Ford Escape (Silver)</u>	<u>\$8,532.00</u>	<u>Book Value</u>	<u>\$8,532.00</u>
47.4.	<u>2008 Ford F250 Pick Up</u>	<u>\$5,875.00</u>	<u>Book Value</u>	<u>\$5,875.00</u>
47.5.	<u>2012 Ford Escape (Red)</u>	<u>\$2,335.00</u>	<u>Book Value</u>	<u>\$2,335.00</u>
47.6.	<u>2012 Ford Escape (Blue)</u>	<u>\$2,335.00</u>	<u>Book Value</u>	<u>\$2,335.00</u>

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

<u>Fixed Equipment, Leasehold Improvements</u>	<u>\$358,094.00</u>	<u>Book Value</u>	<u>\$358,094.00</u>
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51. **Total of Part 8.** **\$396,897.00**  
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No

☒ Yes

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53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 521 East Avenue, Lockport, NY (Main Hospital Campus) Tax Map No. 109.42-2-2	Fee simple	\$2,837,569.00	Net Book Value	\$2,837,569.00
55.2. 53 Elizabeth Drive, Lockport, NY Tax Map No. 123.12-1-11	Fee simple	\$64,176.00	Net Book Value	\$64,176.00
55.3. 6037 Ketchum Avenue, Newfane, NY	Fee simple	\$22,862.00	Net Book Value	\$22,862.00
55.4. 2600 William Street, Newfane, NY Tax Map Nos. 38.08-2-50, 38.08-2-51.1, 38.08-2-71, and 38.08-2-73.1	Fee simple	\$2,774,691.00	Net Book Value	\$2,774,691.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

**\$5,699,298.00**

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No  
☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No  
☒ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

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- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**  
Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

Current value of  
debtor's interest

71.	<b>Notes receivable</b> Description (include name of obligor)	
72.	<b>Tax refunds and unused net operating losses (NOLs)</b> Description (for example, federal, state, local)	
73.	<b>Interests in insurance policies or annuities</b> <b>Travelers Property Casualty Company of America Policy</b> <b>No. P6308N069208TIL19 (property insurance)</b>	<b>Unknown</b>
	<b>Travelers Property Casualty Company of America Policy</b> <b>No. QT6602P458745TIL19 (equipment insurance)</b>	<b>Unknown</b>
	<b>Travelers Indemnity Co. of America Policy No.</b> <b>BA8N084795-19-CAG (business automobile insurance)</b>	<b>Unknown</b>
	<b>PAM Group Policy No. 2019000449629 (Workers'</b> <b>Compensation insurance)</b>	<b>Unknown</b>
	<b>Ace American Insurance Co. Policy No. D94857922</b> <b>(cyber liability plus insurance)</b>	<b>Unknown</b>
	<b>Allied World Specialty Insurance Policy No. 03113705</b> <b>(D&amp;O/Employment Practices/Fiduciary/Crime insurance)</b>	<b>Unknown</b>

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**  
Add lines 71 through 77. Copy the total to line 90.

**\$0.00**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**  
☒ No

Debtor **Eastern Niagara Hospital, Inc.**  
Name

Case number *(If known)* **1-19-12342-CLB**

☐ Yes

Debtor Eastern Niagara Hospital, Inc.  
Name

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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$1,959,762.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$358,607.87</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$5,837,738.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$245,140.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$1,482,152.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$5,423,532.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$396,897.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$5,699,298.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$15,703,828.87</u>	+ 91b. <u>\$5,699,298.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$21,403,126.87</u>

**Fill in this information to identify the case:**Debtor name **Eastern Niagara Hospital, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF NY**Case number (if known) **1-19-12342-CLB**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
<b>2.1</b>	<b>Ford Credit</b> Creditor's Name <b>Attn: Customer Service Center</b> <b>P.O. Box 542000</b> <b>Omaha, NE 68154-8000</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>2016 Ford Escape</b>  <b>Describe the lien</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$8,760.00</b>	<b>\$0.00</b>
<b>2.2</b>	<b>Karl Storz Capital</b> Creditor's Name <b>1111 Old Eagle School Road</b> <b>Wayne, PA 19087</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>Laparoscopy Towers</b>  <b>Describe the lien</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply	<b>\$97,075.00</b>	<b>\$120,961.65</b>



Debtor **Eastern Niagara Hospital, Inc.**  
Name

Case number (if known) **1-19-12342-CLB**

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.3 Mindray DS USA Inc.**

Creditor's Name

**1300 MacArthur Boulevard  
Mahwah, NJ 07430**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**Telemetry Monitors (2 North & ICU)**

**\$129,560.00**

**\$130,060.18**

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No  
☐ Yes

**Is anyone else liable on this claim?**

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.4 Pantheon Capital LLC**

Creditor's Name

**Crossroads Corporate  
Center  
1 International Boulevard,  
Suite 624  
Mahwah, NJ 07495**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**Miscellaneous Equipment - Lease 1030-08**

**\$444,391.00**

**\$748,475.00**

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No  
☐ Yes

**Is anyone else liable on this claim?**

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.5 Pantheon Capital LLC**

Creditor's Name

**Crossroads Corporate  
Center  
1 International Boulevard,  
Suite 624  
Mahwah, NJ 07495**

Creditor's mailing address

**Describe debtor's property that is subject to a lien**

**Miscellaneous Equipment - Lease 1030-09**

**\$122,716.00**

**\$169,427.24**

**Describe the lien**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.6 RBS Citizens Bank, N.A.**

Creditor's Name

**n/k/a Citizens Bank, N.A.  
250 South Clinton Street  
Syracuse, NY 13202**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**9/13/2013**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No  
☒ Yes. Specify each creditor, including this creditor and its relative priority.

**1. RBS Citizens Bank, N.A.  
2. RBS Citizens Bank, N.A.**

Describe debtor's property that is subject to a lien

**Patients Accounts Receivable**

**\$3,533,556.28**

**\$1,262,423.00**

Describe the lien

**Mortgage - Pension Loan**

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent  
☒ Unliquidated  
☐ Disputed

**2.7 RBS Citizens Bank, N.A.**

Creditor's Name

**n/k/a Citizens Bank, N.A.  
250 South Clinton Street  
Syracuse, NY 13202**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**11/06/2013**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**Patients Accounts Receivable**

**\$2,679,787.96**

**\$1,262,423.00**

Describe the lien

**Mortgage - Construction Loan**

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Eastern Niagara Hospital, Inc.**  
Name

Case number (if know) **1-19-12342-CLB**

☐ No

☒ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Specified on line 2.6**

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.8 RBS Citizens Bank, N.A.**

Creditor's Name

**n/k/a Citizens Bank, N.A.  
250 South Clinton Street  
Syracuse, NY 13202**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**9/13/2013**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**\$399,135.00**

**\$0.00**

**Patients Accounts Receivable**

**Describe the lien**

**Amortizing Interest Rate Swap**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.9 Siemens Financial  
Services, Inc.**

Creditor's Name

**170 Wood Avenue South  
Iselin, NJ 08830**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**\$149,192.00**

**\$106,799.28**

**Mammomat Inspiration**

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.1  
0 Siemens Financial  
Services, Inc.**

Creditor's Name

**170 Wood Avenue South  
Iselin, NJ 08830**

Creditor's mailing address

**Describe debtor's property that is subject to a lien**

**\$37,410.00**

**\$29,070.67**

**Ultrasound Acuson S1000**

**Describe the lien**

Debtor **Eastern Niagara Hospital, Inc.**  
Name

Case number (if know)

**1-19-12342-CLB**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.1  
1 **Siemens Financial Services, Inc.**

Creditor's Name

**170 Wood Avenue South  
Iselin, NJ 08830**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien  
**Ultrasound S1000**

**\$37,410.00**

**\$29,070.67**

Describe the lien

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.1  
2 **Siemens Financial Services, Inc.**

Creditor's Name

**170 Wood Avenue South  
Iselin, NJ 08830**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien  
**Ultrasound Acuson S2000**

**\$44,466.00**

**\$34,554.35**

Describe the lien

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☐ Unliquidated  
☐ Disputed

<div style="border: 1px solid black; padding: 2px;">2.1 3</div>	<b>Siemens Financial Services, Inc.</b> <small>Creditor's Name</small>	Describe debtor's property that is subject to a lien <b>Ultrasound S2000</b>	<b>\$42,058.00</b>	<b>\$32,682.57</b>
	<b>170 Wood Avenue South Iselin, NJ 08830</b> <small>Creditor's mailing address</small>	Describe the lien		
	<small>Creditor's email address, if known</small>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Last 4 digits of account number</b>			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

<div style="border: 1px solid black; padding: 2px;">2.1 4</div>	<b>Siemens Financial Services, Inc.</b> <small>Creditor's Name</small>	Describe debtor's property that is subject to a lien <b>DX Vista 500</b>	<b>\$59,574.00</b>	<b>\$76,954.21</b>
	<b>170 Wood Avenue South Iselin, NJ 08830</b> <small>Creditor's mailing address</small>	Describe the lien		
	<small>Creditor's email address, if known</small>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Last 4 digits of account number</b>			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

<div style="border: 1px solid black; padding: 2px;">2.1 5</div>	<b>Siemens Financial Services, Inc.</b> <small>Creditor's Name</small>	Describe debtor's property that is subject to a lien <b>3D Orbic Balance</b>	<b>\$3,502.00</b>	<b>\$0.00</b>
	<b>170 Wood Avenue South Iselin, NJ 08830</b> <small>Creditor's mailing address</small>	Describe the lien		
	<small>Creditor's email address, if known</small>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No		

Last 4 digits of account number

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in the same property?**  
☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**  
Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$7,788,593.24

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
RBS Citizens Bank, N.A. n/k/a Citizens Bank, N.A. Attn: Interest Rate Risk Management One Citizens Plaza Providence, RI 02903	Line <u>2.8</u>	

**Fill in this information to identify the case:**Debtor name **Eastern Niagara Hospital, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF NY**Case number (if known) **1-19-12342-CLB**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>1199 SEIU Regional Pension Fund 2421 Main Street Suite 100 Buffalo, NY 14214</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,875.49</b>	<b>\$2,875.49</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Beney, M.D., P.C., Christopher 31 Bob-O-Link Lane Lockport, NY 14094</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,200.00</b>	<b>\$1,200.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



	Debtor <b>Eastern Niagara Hospital, Inc.</b> Name	Case number (if known) <b>1-19-12342-CLB</b>		
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2.3	Priority creditor's name and mailing address <b>Clerk, M.D., Harnath</b> <b>2610 Williams Street</b> <b>Newfane, NY 14108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,400.00</b>	<b>\$1,400.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.4	Priority creditor's name and mailing address <b>Flaschner, M.D., Steven</b> <b>770 Davison Road</b> <b>Lockport, NY 14094</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$520.00</b>	<b>\$520.00</b>
-----	--	--	-----------------	-----------------

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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.5	Priority creditor's name and mailing address <b>Haroon, M.D., Muneeb</b> <b>822 Davison Road</b> <b>Lockport, NY 14094</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,400.00</b>	<b>\$1,400.00</b>
-----	---	--	-------------------	-------------------

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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	---

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2.6	Priority creditor's name and mailing address <b>Jehrio, M.D. P.C., Gregory T.</b> <b>52 Bonner Drive</b> <b>Lockport, NY 14094</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,400.00</b>	<b>\$1,400.00</b>
-----	---	--	-------------------	-------------------

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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Eastern Niagara Hospital, Inc.**  
Name

Case number (if known)

**1-19-12342-CLB**

2.7 Priority creditor's name and mailing address

**Sofat, M.D., Suresh**  
**64 Davison Court**  
**Lockport, NY 14094**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$520.00** **\$520.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1 Nonpriority creditor's name and mailing address

**Aaron Dautch Sternberg & Lawson**  
**43 Court Street**  
**730 Convention Tower**  
**Buffalo, NY 14202**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Amount of claim

**\$3,036.00**

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address

**Abbott Laboratories, Inc.**  
**100 Abbott Park Road**  
**North Chicago, IL 60064**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$5,800.00**

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address

**Abbott Nutrition**  
**PO Box 182076**  
**Columbus, OH 43218**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$0.00**

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.4 Nonpriority creditor's name and mailing address

**Ability Network Inc.**  
**Dept Ch 16577**  
**Palatine, IL 60055-6577**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$6,141.00**

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.5 Nonpriority creditor's name and mailing address

**ACC Business**  
**PO Box 1930**  
**Buffalo, NY 14240-1930**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$742.82**

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Eastern Niagara Hospital, Inc.**  
Name

Case number (if known) **1-19-12342-CLB**

3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Ace Mechanical Services LLC</b> <b>4568 Bailey Avenue</b> <b>Buffalo, NY 14226</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$625.45</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Advanced Medical Physics PLLC</b> <b>840 Aero Drive, Suite 150</b> <b>Buffalo, NY 14225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Advantage Flooring &amp; Tile</b> <b>2 Wendling Court</b> <b>Lancaster, NY 14086</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$240.00</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Aesculap</b> <b>3773 Corporate Parkway</b> <b>Center Valley, PA 18034</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107.96</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>AHC Media LLC</b> <b>PO Box 74008620</b> <b>Chicago, IL 60674-8620</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,726.00</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Alco Sales &amp; Service</b> <b>6851 High Grove Boulevard</b> <b>Willowbrook, IL 60527</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37.90</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>ALCON</b> <b>6201 South Freeway</b> <b>Fort Worth, TX 76134-2099</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0038</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107,406.07</b>

Debtor **Eastern Niagara Hospital, Inc.**  
Name

Case number (if known)

**1-19-12342-CLB**

3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Alimed Inc.</b> <b>297 High Street</b> <b>Dedham, MA 02026</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$717.77</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Allosource</b> <b>6278 South Troy Circle</b> <b>Englewood, CO 80111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$971.00</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Alpha Tec Systems Inc.</b> <b>1311 SE Cardinal Court</b> <b>Suite 170</b> <b>Vancouver, WA 98683</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$88.47</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Ambu Inc.</b> <b>6740 Bayview Drive</b> <b>Glen Burnie, MD 21060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$94.70</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>American IV</b> <b>7485 Shipley Avenue</b> <b>Harmans, MD 21077</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46.60</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>American Red Cross</b> <b>PO Box 33093</b> <b>Newark, NJ 07188-0093</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,808.23</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>AMN Healthcare Inc.</b> <b>2735 Collection Centre Drive</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,837.50</b>

Debtor **Eastern Niagara Hospital, Inc.**  
Name

Case number (if known) **1-19-12342-CLB**

3.20	<b>Nonpriority creditor's name and mailing address</b> <b>AMO Sales and Service Inc.</b> <b>1700 East St. Andrew Place</b> <b>Santa Ana, CA 92705</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$58,605.98</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Amwins Group Benefits Inc.</b> <b>50 Whitecap Drive</b> <b>North Kingstown, RI 02852</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,603.31</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>AnyBattery Inc</b> <b>PO Box 312</b> <b>Rosemount, MN 55068</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Applied Medical</b> <b>22872 Aventia Impressa</b> <b>Rancho Santa Margarita, CA 92688</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,928.00</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Argon Medical Devices</b> <b>3600 SW 47th Avenue</b> <b>Gainesville, FL 32608</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,996.00</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Arjo Inc.</b> <b>2349 West Lake Street</b> <b>Addison, IL 60101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,192.19</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Armored Access Inc.</b> <b>4429 Union Road</b> <b>Buffalo, NY 14225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.00</b>

Debtor **Eastern Niagara Hospital, Inc.**  
Name

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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Armstrong Medical Ind. Inc.</b> <b>575 Knightsbridge Parkway</b> <b>Lincolnshire, IL 60069-0700</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$736.00</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Arrow International Inc.</b> <b>2400 Bernville Road</b> <b>Reading, PA 19605</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,737.16</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Arthrex Inc.</b> <b>1370 Creekside Boulevard</b> <b>Naples, FL 34108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,508.70</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Ascend Capital</b> <b>1400 Industrial Way</b> <b>Redwood City, CA 94063</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,088.80</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>ASR Systems Group Inc.</b> <b>100 Commerce Boulevard</b> <b>Liverpool, NY 13088</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$106.50</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>PO Box 9001310</b> <b>Louisville, KY 40290-1310</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45.30</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Audit LLC</b> <b>33206 Collection Center Drive</b> <b>Chicago, IL 60693-0331</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,613.45</b>

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Name

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3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Avanos Medical Inc.</b> <b>5405 Woodward Parkway</b> <b>Suite 100 South</b> <b>Alpharetta, GA 30004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$897.72</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Award Equipment Co. Inc.</b> <b>1774 Brant Road</b> <b>North Collins, NY 14111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$117.30</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Bard Access Systems</b> <b>5425 West Amelia Earhart Drive</b> <b>Salt Lake City, UT 84116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$595.01</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Bard Medical Division</b> <b>8195 Industrial Boulevard</b> <b>Covington, GA 30014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,008.88</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Bard Peripheral Vascular (IMPRA)</b> <b>1156 West Southern Avenue</b> <b>Tempe, AZ 85282</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,897.05</b>
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Barsuk, David</b> <b>2337 Main Road</b> <b>East Pembroke, NY 14056</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Baxter Healthcare Corp.</b> <b>PO Box 33037</b> <b>Newark, NJ 07188-0037</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,374.63</b>



Debtor **Eastern Niagara Hospital, Inc.**  
Name

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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Bayer Healthcare</b> <b>1 Bayer Drive</b> <b>Indianola, PA 15051-0780</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,296.65</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Beatty Marketing &amp; Sales, Inc.</b> <b>9345 151st Avenue NE</b> <b>Redmond, WA 98052-3515</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,250.07</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Beaver Visitec International Inc.</b> <b>411 Waverley Oaks Road</b> <b>Waltham, MA 02452</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$356.64</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Becton Dickinson (BD)</b> <b>One Becton Drive</b> <b>Franklin Lakes, NJ 07417</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$291.74</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Beekley Corporation</b> <b>One Prestige Lane</b> <b>Bristol, CT 06010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,991.50</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Benistar</b> <b>100 Grist Mill Road</b> <b>Simsbury, CT 06070</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,352.00</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Best Buy Government and Education</b> <b>7601 Penn Avenue S</b> <b>Minneapolis, MN 55423</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **Eastern Niagara Hospital, Inc.**  
Name

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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>BHS Foodservice Solutions</b> <b>375 Commerce Drive</b> <b>Buffalo, NY 14226</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90.41</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Bio-Rad Laboratories</b> <b>9500 Meronimo Road</b> <b>Irvine, CA 92618-2017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,922.94</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>BioServ</b> <b>10 Gramar Avenue</b> <b>Prospect, CT 06712</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,886.00</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Biotek Services Inc.</b> <b>5310 South Laburnum Avenue</b> <b>Henrico, VA 23231</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$235.00</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Blackburn's Specialty Products</b> <b>301 Corbett Street</b> <b>Tarentum, PA 15084</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,977.50</b>
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Blue Cross Blue Shield of WNY</b> <b>Senior Blue</b> <b>PO Box 644362</b> <b>Pittsburgh, PA 15264-4362</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,960.40</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Bond, Schoeneck &amp; King PLLC</b> <b>200 Delaware Avenue, Suite 900</b> <b>Buffalo, NY 14202-2107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,627.05</b>

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3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Boston Scientific Corporation</b> <b>100 Boston Scientific Way</b> <b>Marlborough, MA 01752</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4638</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$253,107.11</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Boulevard Produce</b> <b>655 Young Street</b> <b>Tonawanda, NY 14150</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,491.74</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Bracco Diagnostics</b> <b>PO Box 5250</b> <b>Princeton, NJ 08543-5250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,533.71</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Bridgehead Software Inc.</b> <b>400 West Cummings Park</b> <b>Suite 6050</b> <b>Woburn, MA 01801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,709.97</b>
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>BSC Medical</b> <b>200 Fifth Avenue, Suite 3020</b> <b>Waltham, MA 02451</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$192.50</b>
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Buffalo Alarm Inc.</b> <b>1325 Millersport Highway</b> <b>Suite 109</b> <b>Buffalo, NY 14221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$216.00</b>
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Buffalo Hospital Supply</b> <b>4039 Genesee Street</b> <b>Buffalo, NY 14225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,517.59</b>

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3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Buffalo Pharmacies</b> <b>1479 Kensington Street</b> <b>Buffalo, NY 14215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,091.00</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Buffalo Protection &amp; Investigation</b> <b>603 Division Street, Suite 30</b> <b>North Tonawanda, NY 14120</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,235.00</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Buffalo Synapse Support LLC</b> <b>609 Ridge Road</b> <b>Buffalo, NY 14218</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,844.00</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Building Specialties</b> <b>675 Duke Road</b> <b>Cheektowaga, NY 14225-5196</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$217.40</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Byrne Dairy, Inc.</b> <b>2394 U.S. Route 11</b> <b>La Fayette, NY 13084-0176</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$121.30</b>
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>Canon Financial Services, Inc.</b> <b>158 Gaither Drive</b> <b>Mount Laurel, NJ 08054</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>CaptureNet</b> <b>4835 East Cactus Road</b> <b>Suite 430</b> <b>Scottsdale, AZ 85254</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,133.51</b>

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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>CardiacDirect</b> <b>5963 Olivas Park Drive</b> <b>Suite F</b> <b>Ventura, CA 93003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$703.00</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>Cardinal Health</b> <b>PO Box 13862</b> <b>Newark, NJ 07188-0862</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$54,646.66</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Cardinal Health - Syracuse Division</b> <b>6012 Molloy Road</b> <b>Syracuse, NY 13211-4864</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81,742.76</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Cardinal Health Optifrieght</b> <b>PO Box 13862</b> <b>Newark, NJ 07188</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$857.47</b>
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Carestream Health Inc.</b> <b>150 Verona Street</b> <b>Rochester, NY 14608</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,743.10</b>
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Cash Register Sales Services</b> <b>2501 Union Road</b> <b>Buffalo, NY 14227</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$212.50</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>CBCS</b> <b>PO Box 2724</b> <b>Columbus, OH 43216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,854.61</b>

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3.76	<b>Nonpriority creditor's name and mailing address</b> <b>CDW Government Inc.</b> <b>200 N Milwaukee Avenue</b> <b>Vernon Hills, IL 60061</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$452.14</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Change Healthcare Technology</b> <b>5994 Windward Parkway</b> <b>Alpharetta, GA 30005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,839.00</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Chem-Aqua</b> <b>PO Box 152170</b> <b>Irving, TX 75015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,854.46</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Choice Spine</b> <b>400 Erin Drive</b> <b>Knoxville, TN 37919</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,700.00</b>
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Cincinnati Sub Zero</b> <b>12011 Mosteller Road</b> <b>Cincinnati, OH 45241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,263.50</b>
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>City Treasurer</b> <b>One Locks Plaza</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,523.72</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>Clark Patterson Lee</b> <b>205 St. Paul Street, Suite 500</b> <b>Rochester, NY 14604</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3088</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$304,275.76</b>

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3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Clean Textiles Systems LP</b> <b>40 51st Street</b> <b>Pittsburgh, PA 15201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46,558.12</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Clinical Equipment Services CNY</b> <b>8417 Oswego Road</b> <b>Baldwinsville, NY 13027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,544.00</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Community Computer Service Inc.</b> <b>15 Hulbert Street</b> <b>Auburn, NY 13021</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,283.07</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Conjerti Moving Co LLC</b> <b>4536 Kayner Road</b> <b>Gasport, NY 14067</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,090.00</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Conmed Corporation</b> <b>525 French Road</b> <b>Utica, NY 13502</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$52,214.97</b>
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Connect Life</b> <b>4444 Bryant and Stratton Way</b> <b>Buffalo, NY 14221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93,281.80</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Cook Medical Incorporated</b> <b>925 South Currey Pike</b> <b>Bloomington, IN 47401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,351.71</b>



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3.90	<b>Nonpriority creditor's name and mailing address</b> <b>Coopersurgical</b> <b>95 Corporate Drive</b> <b>Trumbull, CT 06611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$675.39</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Core Sound Imaging Inc.</b> <b>7000 Six Forks Road</b> <b>Suite 102</b> <b>Raleigh, NC 27615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,047.87</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Covidien LP</b> <b>Attn: Debra M. Ford</b> <b>15 Hampshire Street</b> <b>Mansfield, MA 02048</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>9916</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,719.64</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>CRS Nuclear Services LLC</b> <b>840 Aero Drive, Suite 150</b> <b>Buffalo, NY 14225</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1025</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$132,360.90</b>
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Culligan Water Conditioning</b> <b>31 Lewis Road</b> <b>Akron, NY 14001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$492.50</b>
3.95	<b>Nonpriority creditor's name and mailing address</b> <b>Davis-Ulmer Sprinkler Co.</b> <b>Attn: Dennis Metz</b> <b>One Commerce Drive</b> <b>Buffalo, NY 14228-2395</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,943.56</b>
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>Davol</b> <b>100 Crossings Boulevard</b> <b>Warwick, RI 02886</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,414.89</b>

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3.97	<b>Nonpriority creditor's name and mailing address</b> <b>DE Soutter Medical USA Inc.</b> <b>224 Rolling Hill Road</b> <b>Suite 12A</b> <b>Moorestville, NC 28117</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$276.50</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Dex Media</b> <b>PO Box 64809</b> <b>Baltimore, MD 21264-4809</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$430.46</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Diagnostic Solutions</b> <b>11343 Bloom Road</b> <b>Garrettsville, OH 44231</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.57</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Diamond Healthcare Communications</b> <b>231318 Momentum Place</b> <b>Chicago, IL 60689-5311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,119.87</b>
3.101	<b>Nonpriority creditor's name and mailing address</b> <b>Direct Energy Business</b> <b>Attn: Customer Relations</b> <b>1001 Liberty Avenue</b> <b>Pittsburgh, PA 15222</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,185.88</b>
3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Diversatek Healthcare Inc.</b> <b>102 E. Keefe Avenue</b> <b>Milwaukee, WI 53212</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$210.00</b>
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Diversified Services</b> <b>2900 Delaware Avenue</b> <b>Buffalo, NY 14217</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,058.75</b>

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3.104	<b>Nonpriority creditor's name and mailing address</b> <b>Dobmeier Janitor Supply Inc.</b> <b>354 Englewood Avenue</b> <b>Buffalo, NY 14223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,476.10</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>Draeger Inc.</b> <b>3135 Quarry Road</b> <b>Telford, PA 18969</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,205.66</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>DrFirst.com Inc.</b> <b>9420 Key West Avenue</b> <b>Suite 230</b> <b>Rockville, MD 20850</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,875.00</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>Dutch Ophthalmic USA</b> <b>10 Continental Drive Bldg 1</b> <b>Exeter, NH 03833</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,897.31</b>
3.108	<b>Nonpriority creditor's name and mailing address</b> <b>Eastern Great Lakes Pathology</b> <b>PO Box 815</b> <b>Niagara Falls, NY 14303</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,833.34</b>
3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Eastern Niagara Hospital Inc. Petty Cash</b> <b>521 East Avenue</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$98.53</b>
3.110	<b>Nonpriority creditor's name and mailing address</b> <b>Eastern Niagara Svcs Organization</b> <b>5875 Transit Road</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60,303.11</b>

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3.111	Nonpriority creditor's name and mailing address <b>Eastern Vacuum and Compressor Svcs</b> <b>4570 Middle Road</b> <b>Rushville, NY 14544</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,000.04</b>
3.112	Nonpriority creditor's name and mailing address <b>EcoLab Institutional</b> <b>PO Box 905327</b> <b>Charlotte, NC 28290-5327</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$973.56</b>
3.113	Nonpriority creditor's name and mailing address <b>Ehrlich Co. Inc.</b> <b>505 Duke Road, Suite 300</b> <b>Buffalo, NY 14225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,009.81</b>
3.114	Nonpriority creditor's name and mailing address <b>EM Cahill Company Inc.</b> <b>519 South Wilber Avenue</b> <b>Syracuse, NY 13204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83.95</b>
3.115	Nonpriority creditor's name and mailing address <b>EMC Corporation</b> <b>176 South Street</b> <b>Hopkinton, MA 01748</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.116	Nonpriority creditor's name and mailing address <b>Environmental Services Group (NY)</b> <b>177 Wales Avenue</b> <b>Tonawanda, NY 14150</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$554.25</b>
3.117	Nonpriority creditor's name and mailing address <b>ESCAN</b> <b>33206 Collection Center Drive</b> <b>Chicago, IL 60693-0331</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,076.09</b>

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3.118	<b>Nonpriority creditor's name and mailing address</b> <b>Esolutions</b> <b>WS#165</b> <b>PO Box 414378</b> <b>Kansas City, MO 64141-4378</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$420.00</b>
3.119	<b>Nonpriority creditor's name and mailing address</b> <b>Evans Bank, N.A.</b> <b>1 Grimsby Drive</b> <b>Hamburg, NY 14075</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.120	<b>Nonpriority creditor's name and mailing address</b> <b>Evoqua Water Technologies LLC</b> <b>Attn: Legal Department</b> <b>210 Sixth Avenue, Suite 3300</b> <b>Pittsburgh, PA 15222</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,226.83</b>
3.121	<b>Nonpriority creditor's name and mailing address</b> <b>Federal Express Co.</b> <b>199 Aero Drive</b> <b>Buffalo, NY 14225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37.43</b>
3.122	<b>Nonpriority creditor's name and mailing address</b> <b>FFF Enterprises</b> <b>44000 Winchester Road</b> <b>Temecula, CA 92590</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44,487.82</b>
3.123	<b>Nonpriority creditor's name and mailing address</b> <b>Fibertech Medical USA LLC</b> <b>1533 Monument Street</b> <b>Concord, MA 01742-5325</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,865.00</b>
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>Fisher Healthcare</b> <b>4500 Turnberry Drive</b> <b>Hanover Park, IL 60133</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,799.29</b>

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3.125	<b>Nonpriority creditor's name and mailing address</b> <b>Flex Operating Room LLC</b> <b>1175 Pittsford Victor Road</b> <b>Suite 140</b> <b>Pittsford, NY 14534</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,000.00</b>
3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Flint Brothers</b> <b>2769 Main Street</b> <b>Newfane, NY 14108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11.99</b>
3.127	<b>Nonpriority creditor's name and mailing address</b> <b>Fortec Litho NY, LLC</b> <b>10125 Wellman Road</b> <b>Streetsboro, OH 44241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,889.00</b>
3.128	<b>Nonpriority creditor's name and mailing address</b> <b>Fresenius Kabi LLC</b> <b>25476 Network Place</b> <b>Chicago, IL 60673-1254</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$287.47</b>
3.129	<b>Nonpriority creditor's name and mailing address</b> <b>Fresenius USA Marketing Inc.</b> <b>920 Winter Street</b> <b>Waltham, MA 02451-1457</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,888.53</b>
3.130	<b>Nonpriority creditor's name and mailing address</b> <b>FTS Management Inc.</b> <b>7475 N Clare Avenue</b> <b>PO Box 800</b> <b>Harrison, MI 48625</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,420.00</b>
3.131	<b>Nonpriority creditor's name and mailing address</b> <b>Garfunkel Wild PLC</b> <b>111 Great Neck Road</b> <b>Great Neck, NY 11021</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$992.25</b>

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3.132	<b>Nonpriority creditor's name and mailing address</b> <b>GE Healthcare</b> <b>101 Carnegie Center</b> <b>Princeton, NJ 08540</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,832.84</b>
3.133	<b>Nonpriority creditor's name and mailing address</b> <b>Gerster Trane</b> <b>45 Earhart Drive</b> <b>Suite 103</b> <b>Buffalo, NY 14221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57,150.80</b>
3.134	<b>Nonpriority creditor's name and mailing address</b> <b>Getinge USA Sales LLC</b> <b>45 Barbour Pond Drive</b> <b>Wayne, NJ 07470</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$665.39</b>
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>Gorenflo's Buffalo Wholesale Lock</b> <b>1349 Main Street</b> <b>Buffalo, NY 14209</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,512.49</b>
3.136	<b>Nonpriority creditor's name and mailing address</b> <b>Grainger Inc.</b> <b>50 McKesson Parkway</b> <b>PO Box 234</b> <b>Buffalo, NY 14225-5116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,991.22</b>
3.137	<b>Nonpriority creditor's name and mailing address</b> <b>Great Lakes Surgical Inc.</b> <b>14200 W Greenfield Avenue</b> <b>Brookfield, WI 53005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.138	<b>Nonpriority creditor's name and mailing address</b> <b>Guardian</b> <b>PO Box 8500 5160</b> <b>Philadelphia, PA 19178-5160</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,166.67</b>

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3.139	<b>Nonpriority creditor's name and mailing address</b> <b>Hardy Diagnostics</b> <b>1430 W McCoy Lane</b> <b>Santa Maria, CA 93455</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$491.25</b>
3.140	<b>Nonpriority creditor's name and mailing address</b> <b>Harris Beach PLLC</b> <b>99 Garnsey Road</b> <b>Pittsford, NY 14534</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.141	<b>Nonpriority creditor's name and mailing address</b> <b>Health Care Logistics, Inc.</b> <b>PO Box 25</b> <b>Circleville, OH 43113</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38.00</b>
3.142	<b>Nonpriority creditor's name and mailing address</b> <b>Health Care Technology</b> <b>200 Butterfield Drive</b> <b>Ashland, MA 01721</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$149.88</b>
3.143	<b>Nonpriority creditor's name and mailing address</b> <b>Health Facility Assessment Fund</b> <b>PO Box 4757</b> <b>Syracuse, NY 13221-4757</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,500.00</b>
3.144	<b>Nonpriority creditor's name and mailing address</b> <b>Health System Services</b> <b>6867 Williams Road</b> <b>Niagara Falls, NY 14304</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$375.00</b>
3.145	<b>Nonpriority creditor's name and mailing address</b> <b>Health Wear of WNY</b> <b>3 Pequet Parkway</b> <b>Tonawanda, NY 14150-2413</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,448.72</b>



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3.146	<b>Nonpriority creditor's name and mailing address</b> <b>Healthcare Association NYS Inc.</b> <b>PO Box 5535 GPO</b> <b>New York, NY 10087-5535</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$90,213.43</b>
3.147	<b>Nonpriority creditor's name and mailing address</b> <b>Healthmark Industries</b> <b>3080 Momentum Place</b> <b>Chicago, IL 60689-5330</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$82.90</b>
3.148	<b>Nonpriority creditor's name and mailing address</b> <b>Hologic Limited Partnership</b> <b>250 Campus Drive</b> <b>Marlborough, MA 01752</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,562.00</b>
3.149	<b>Nonpriority creditor's name and mailing address</b> <b>Hoot LLC</b> <b>54 Bridlewood Drive</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,242.56</b>
3.150	<b>Nonpriority creditor's name and mailing address</b> <b>Howard P. Schultz &amp; Associates</b> <b>360 Delaware Avenue, Suite 200</b> <b>Buffalo, NY 14202-1600</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,200.00</b>
3.151	<b>Nonpriority creditor's name and mailing address</b> <b>ICAD Inc.</b> <b>98 Spitbrook Road</b> <b>Suite 100</b> <b>Nashua, NH 03062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$243.00</b>
3.152	<b>Nonpriority creditor's name and mailing address</b> <b>Immucor Inc.</b> <b>3130 Gateway Drive</b> <b>Norcross, GA 30091-5625</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,848.72</b>

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3.153	Nonpriority creditor's name and mailing address <b>Imperial Door Controls Inc.</b> <b>85 Oriskany Drive</b> <b>Tonawanda, NY 14150</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,744.00</b>
3.154	Nonpriority creditor's name and mailing address <b>Independent Health Association</b> <b>Dept 264</b> <b>PO Box 8000</b> <b>Buffalo, NY 14267-0002</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>0557</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$360,170.16</b>
3.155	Nonpriority creditor's name and mailing address <b>Infusystem</b> <b>11130 Strang Line Road</b> <b>Lenexa, KS 66215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,590.00</b>
3.156	Nonpriority creditor's name and mailing address <b>Inhealth Technologies</b> <b>1110 Mark Avenue</b> <b>Carpinteria, CA 93013-2918</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$295.00</b>
3.157	Nonpriority creditor's name and mailing address <b>Inland Northwest Health Services Inc.</b> <b>601 West 1st Avenue</b> <b>Spokane, WA 99201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,600.00</b>
3.158	Nonpriority creditor's name and mailing address <b>Integra</b> <b>311 Enterprise Drive</b> <b>Plainsboro, NJ 08536</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,354.68</b>
3.159	Nonpriority creditor's name and mailing address <b>Interface People</b> <b>2274 Rockbrook Drive</b> <b>Lewisville, TX 75067</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,912.00</b>

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3.160	<b>Nonpriority creditor's name and mailing address</b> <b>Interstate All Battery Center</b> <b>7808 Transit Road</b> <b>Buffalo, NY 14221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,420.44</b>
3.161	<b>Nonpriority creditor's name and mailing address</b> <b>Intuitive Surgical Inc.</b> <b>1266 Kifer Road</b> <b>Sunnyvale, CA 94086-5206</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2004</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$115,269.05</b>
3.162	<b>Nonpriority creditor's name and mailing address</b> <b>J &amp; J Health Care Systems</b> <b>425 Hoes Lane</b> <b>Piscataway, NJ 08855-6800</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60,806.74</b>
3.163	<b>Nonpriority creditor's name and mailing address</b> <b>J.H. Dodman Meat Co.</b> <b>116 Michigan Avenue</b> <b>Buffalo, NY 14204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,293.66</b>
3.164	<b>Nonpriority creditor's name and mailing address</b> <b>Jacob Kern and Sons Inc.</b> <b>56 Nicholls Street</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$526.17</b>
3.165	<b>Nonpriority creditor's name and mailing address</b> <b>John W. Danforth Co.</b> <b>300 Colvin Woods Parkway</b> <b>Tonawanda, NY 14150</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,545.00</b>
3.166	<b>Nonpriority creditor's name and mailing address</b> <b>Johnston Paper Co. Inc.</b> <b>2 Eagle Drive</b> <b>Auburn, NY 13021</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,666.79</b>

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3.167	<b>Nonpriority creditor's name and mailing address</b> <b>Joseph Glickman &amp; Associates</b> <b>94 Broadmoor Drive</b> <b>Tonawanda, NY 14150</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$909.00</b>
3.168	<b>Nonpriority creditor's name and mailing address</b> <b>Kaleida Health Dept of Finance</b> <b>726 Exchange Street</b> <b>Suite 200</b> <b>Buffalo, NY 14210</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250,824.00</b>
3.169	<b>Nonpriority creditor's name and mailing address</b> <b>Kaleida Health Patient</b> <b>726 Exchange Street, Suite 300</b> <b>Buffalo, NY 14210</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0751</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$198,514.22</b>
3.170	<b>Nonpriority creditor's name and mailing address</b> <b>Karl Storz Endoscopy American</b> <b>91 Carpenter Hill Road</b> <b>Charlton, MA 01507</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,074.75</b>
3.171	<b>Nonpriority creditor's name and mailing address</b> <b>KCI USA</b> <b>PO Box 301557</b> <b>Dallas, TX 75303-1557</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,008.34</b>
3.172	<b>Nonpriority creditor's name and mailing address</b> <b>Keystone Medical Services</b> <b>Crescent Center</b> <b>6075 Poplar Avenue, Suite 401</b> <b>Memphis, TN 38119</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0538</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$220,368.20</b>
3.173	<b>Nonpriority creditor's name and mailing address</b> <b>Kirwan Surgical</b> <b>180 Enterprise Drive</b> <b>Marshfield, MA 02050</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$394.50</b>

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3.174	<b>Nonpriority creditor's name and mailing address</b> <b>Koester Associates Inc.</b> <b>RR#5, Box 620</b> <b>Suite 7 Madison Boulevard</b> <b>Canastota, NY 13032</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,555.45</b>
3.175	<b>Nonpriority creditor's name and mailing address</b> <b>Korff Electric, Inc.</b> <b>60 Market Street</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$58.47</b>
3.176	<b>Nonpriority creditor's name and mailing address</b> <b>Laboratory Corp America Holdings</b> <b>PO Box 12140</b> <b>Burlington, NC 27216-2140</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$73,202.99</b>
3.177	<b>Nonpriority creditor's name and mailing address</b> <b>Language Services Associates</b> <b>455 Business Center Drive</b> <b>Suite 100</b> <b>Horsham, PA 19044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119.86</b>
3.178	<b>Nonpriority creditor's name and mailing address</b> <b>Laser Solutions</b> <b>PO Box 642</b> <b>Lockport, NY 14095</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,126.00</b>
3.179	<b>Nonpriority creditor's name and mailing address</b> <b>Lawns Unlimited Landscaping</b> <b>2344 Hess Road</b> <b>Appleton, NY 14008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,593.92</b>
3.180	<b>Nonpriority creditor's name and mailing address</b> <b>Life Gas</b> <b>10 Arrowhead Lane</b> <b>Cohoes, NY 12047</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,439.57</b>

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3.181	<b>Nonpriority creditor's name and mailing address</b> <b>Life Instrument Corporation</b> <b>91 French Avenue</b> <b>Braintree, MA 02184</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$391.61</b>
3.182	<b>Nonpriority creditor's name and mailing address</b> <b>Lifenet Health</b> <b>PO Box 79636</b> <b>Baltimore, MD 21279-0636</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,665.82</b>
3.183	<b>Nonpriority creditor's name and mailing address</b> <b>Lineage</b> <b>150 Lawrence Bell Drive</b> <b>Suite 100</b> <b>Buffalo, NY 14221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.23</b>
3.184	<b>Nonpriority creditor's name and mailing address</b> <b>Linstar Inc.</b> <b>430 Lawrence Bell Drive</b> <b>Buffalo, NY 14221-7085</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$177.84</b>
3.185	<b>Nonpriority creditor's name and mailing address</b> <b>Localedge</b> <b>1945 Sheridan Drive</b> <b>Buffalo, NY 14223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,680.00</b>
3.186	<b>Nonpriority creditor's name and mailing address</b> <b>Lockport Journal</b> <b>170 East Avenue</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$148.36</b>
3.187	<b>Nonpriority creditor's name and mailing address</b> <b>LSA Video Inc.</b> <b>455 Business Center Drive</b> <b>Suite 100</b> <b>Horsham, PA 19044</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>

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3.188	<b>Nonpriority creditor's name and mailing address</b> <b>M Carter Decor / Abbey Carpet</b> <b>360 West Avenue</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$297.00</b>
3.189	<b>Nonpriority creditor's name and mailing address</b> <b>Macro Helix LLC</b> <b>PO Box 742256</b> <b>Atlanta, GA 30374-2256</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,889.57</b>
3.190	<b>Nonpriority creditor's name and mailing address</b> <b>Mader Construction</b> <b>970 Bullis Road</b> <b>PO Box 420</b> <b>Elma, NY 14059</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,769.00</b>
3.191	<b>Nonpriority creditor's name and mailing address</b> <b>Mainline Medical, Inc.</b> <b>3250-J Peachtree Corners Circle</b> <b>Elma, NY 14059</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38.00</b>
3.192	<b>Nonpriority creditor's name and mailing address</b> <b>Mar Cor Purification</b> <b>4450 Township Line Road</b> <b>PO Box 1429</b> <b>Skippack, PA 19474-1429</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,137.81</b>
3.193	<b>Nonpriority creditor's name and mailing address</b> <b>Marketlab Inc.</b> <b>6850 Southbelt Drive SE</b> <b>Caledonia, MI 49316-7680</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,024.90</b>
3.194	<b>Nonpriority creditor's name and mailing address</b> <b>Masimo</b> <b>40 Parker</b> <b>Irvine, CA 92618-1604</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,794.00</b>

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3.195	<b>Nonpriority creditor's name and mailing address</b> <b>MaxMD</b> <b>2200 Fletcher Avenue, Suite 506</b> <b>Fort Lee, NJ 07024-5063</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,555.00</b>
3.196	<b>Nonpriority creditor's name and mailing address</b> <b>McKesson Medical-Surgical Inc.</b> <b>8741 Landmark Road</b> <b>Henrico, VA 23228</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83,701.64</b>
3.197	<b>Nonpriority creditor's name and mailing address</b> <b>McMaster-Carr Supply Co.</b> <b>PO Box 94930</b> <b>Cleveland, OH 44101-4930</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$374.50</b>
3.198	<b>Nonpriority creditor's name and mailing address</b> <b>Med-Label</b> <b>4 Briarhurst Drive</b> <b>Flanders, NJ 07836</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$129.50</b>
3.199	<b>Nonpriority creditor's name and mailing address</b> <b>Medcom Solutions Inc.</b> <b>1010 Ohio River Boulevard</b> <b>Suite 200</b> <b>Pittsburgh, PA 15202</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,548.84</b>
3.200	<b>Nonpriority creditor's name and mailing address</b> <b>Medi-Dose Inc.</b> <b>70 Industrial Drive</b> <b>Warminster, PA 18974</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$826.98</b>
3.201	<b>Nonpriority creditor's name and mailing address</b> <b>Media Displays Inc.</b> <b>109 S Main Street, Box 434</b> <b>Harrisville, PA 16038</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,196.00</b>



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3.202	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Information Technology, Inc.</b> <b>Meditech Circle</b> <b>Westwood, MA 02090</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,348.00</b>
3.203	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Liability Mutual</b> <b>8 British American Boulevard</b> <b>Latham, NY 12110-1415</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$77,345.00</b>
3.204	<b>Nonpriority creditor's name and mailing address</b> <b>Medivators Incorporated</b> <b>14605 28th Avenue North</b> <b>Minneapolis, MN 55447</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,724.95</b>
3.205	<b>Nonpriority creditor's name and mailing address</b> <b>Medline Industries Inc.</b> <b>One Medline Place</b> <b>Mundelein, IL 60060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,846.28</b>
3.206	<b>Nonpriority creditor's name and mailing address</b> <b>Medtox Laboratories Inc.</b> <b>402 West Country Road D</b> <b>Saint Paul, MN 55112-3597</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,343.91</b>
3.207	<b>Nonpriority creditor's name and mailing address</b> <b>Medtronic</b> <b>710 Medtronic Parkway</b> <b>Minneapolis, MN 55432-5604</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,800.00</b>
3.208	<b>Nonpriority creditor's name and mailing address</b> <b>Memorial Blood Centers</b> <b>737 Pelham Boulevard</b> <b>Saint Paul, MN 55114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,293.00</b>

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3.209	<b>Nonpriority creditor's name and mailing address</b> <b>Merit Medical Systems Inc.</b> <b>1600 West Merit Parkway</b> <b>South Jordan, UT 84095</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,632.45</b>
3.210	<b>Nonpriority creditor's name and mailing address</b> <b>Merry X-Ray Inc.</b> <b>133 Industry Drive</b> <b>RIDC West</b> <b>Pittsburgh, PA 15275</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,549.14</b>
3.211	<b>Nonpriority creditor's name and mailing address</b> <b>Messer North America</b> <b>200 Somerset Corporate Boulevard</b> <b>Suite 7000</b> <b>Bridgewater, NJ 08807</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$41,130.48</b>
3.212	<b>Nonpriority creditor's name and mailing address</b> <b>Metrodata Inc.</b> <b>403 Main Street, Suite 624</b> <b>Buffalo, NY 14203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,662.50</b>
3.213	<b>Nonpriority creditor's name and mailing address</b> <b>Microsurgical Technology</b> <b>8415 154 Avenue NE</b> <b>Redmond, WA 98052</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,219.00</b>
3.214	<b>Nonpriority creditor's name and mailing address</b> <b>Microtek Medical Inc.</b> <b>PO Box 2487</b> <b>Columbus, MS 39704-2487</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$564.62</b>
3.215	<b>Nonpriority creditor's name and mailing address</b> <b>Midland States Bank</b> <b>7700 Bonhomme Avenue, Suite 300</b> <b>Saint Louis, MO 63105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.216	<b>Nonpriority creditor's name and mailing address</b> <b>Midstate Bakery Distributors, Inc.</b> <b>PO Box 23354</b> <b>Rochester, NY 14692</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,953.30</b>
3.217	<b>Nonpriority creditor's name and mailing address</b> <b>Milligray &amp; Associates</b> <b>2141 Williston Heights</b> <b>Marilla, NY 14102-9717</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,106.25</b>
3.218	<b>Nonpriority creditor's name and mailing address</b> <b>Mindray DS USA Inc.</b> <b>1300 MacArthur Boulevard</b> <b>Mahwah, NJ 07430</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,377.22</b>
3.219	<b>Nonpriority creditor's name and mailing address</b> <b>Mirion Technologies Inc.</b> <b>PO Box 19536</b> <b>Irvine, CA 92623</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$813.50</b>
3.220	<b>Nonpriority creditor's name and mailing address</b> <b>Misonix Inc.</b> <b>1938 New Highway</b> <b>Farmingdale, NY 11735</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,760.00</b>
3.221	<b>Nonpriority creditor's name and mailing address</b> <b>MJ Mechanical Services, Inc.</b> <b>95 Pirson Parkway</b> <b>Tonawanda, NY 14150</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,629.50</b>
3.222	<b>Nonpriority creditor's name and mailing address</b> <b>Mobile Digital Imaging</b> <b>2795 Genesee Street</b> <b>Buffalo, NY 14225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,500.00</b>

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3.223	<b>Nonpriority creditor's name and mailing address</b> <b>Modern Disposal Services, Inc.</b> <b>PO Box 209</b> <b>Model City, NY 14107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,865.69</b>
3.224	<b>Nonpriority creditor's name and mailing address</b> <b>Mohawk Hospital Equipment Inc.</b> <b>335 Columbia Street</b> <b>Utica, NY 13503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,444.25</b>
3.225	<b>Nonpriority creditor's name and mailing address</b> <b>Montondo's Seafood Inc.</b> <b>201 East Avenue</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,926.50</b>
3.226	<b>Nonpriority creditor's name and mailing address</b> <b>Mortan Inc.</b> <b>PO Box 8719</b> <b>Missoula, MT 59807</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$312.75</b>
3.227	<b>Nonpriority creditor's name and mailing address</b> <b>Muirhead Co. Inc., B J</b> <b>115 Mid County Drive</b> <b>Orchard Park, NY 14127</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,674.96</b>
3.228	<b>Nonpriority creditor's name and mailing address</b> <b>Murphy TV &amp; Appliances</b> <b>6300 South Transit Road</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34.00</b>
3.229	<b>Nonpriority creditor's name and mailing address</b> <b>Musculoskeletal Transplant Foundation</b> <b>125 May Street, Suite 300</b> <b>Edison, NJ 08837</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4950</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$467,480.00</b>

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3.230	Nonpriority creditor's name and mailing address <b>MYCO Instrumentation Inc.</b> <b>21507 State Route 410E</b> <b>Suite B</b> <b>Bonney Lake, WA 98391</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,850.00</b>
3.231	Nonpriority creditor's name and mailing address <b>National Grid</b> <b>PO Box 11742</b> <b>Newark, NJ 07101-4742</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,772.45</b>
3.232	Nonpriority creditor's name and mailing address <b>NCB Medical Coding Specialists Inc.</b> <b>8975 Main Street</b> <b>Clarence, NY 14031</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,070.40</b>
3.233	Nonpriority creditor's name and mailing address <b>New England Medical Specialists</b> <b>PO Box 329</b> <b>354 Old Whitfield Street</b> <b>Guilford, CT 06437</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,132.50</b>
3.234	Nonpriority creditor's name and mailing address <b>New York State Electric &amp; Gas Corp.</b> <b>PO Box 5550</b> <b>Ithaca, NY 14852-5550</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,980.61</b>
3.235	Nonpriority creditor's name and mailing address <b>Newcomer Supply</b> <b>2505 Parview Road</b> <b>Hayesville, IA 52562</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70.41</b>
3.236	Nonpriority creditor's name and mailing address <b>Niagara Falls Memorial Med Centre</b> <b>621 Tenth Street</b> <b>Niagara Falls, NY 14302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,062.50</b>

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3.237	<b>Nonpriority creditor's name and mailing address</b> <b>Niagara Frontier Equipment Sales</b> <b>4060 Lake Avenue</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$127.54</b>
3.238	<b>Nonpriority creditor's name and mailing address</b> <b>Nuance Communications</b> <b>One Wayside Drive</b> <b>Burlington, MA 01803</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,139.60</b>
3.239	<b>Nonpriority creditor's name and mailing address</b> <b>NY Imaging</b> <b>1 D'Alfonso Road</b> <b>Newburgh, NY 12550</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,875.88</b>
3.240	<b>Nonpriority creditor's name and mailing address</b> <b>NYS Unemployment Insurance</b> <b>PO Box 4301</b> <b>Binghamton, NY 13902-4301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,804.05</b>
3.241	<b>Nonpriority creditor's name and mailing address</b> <b>Ohio Medical Corporation</b> <b>1111 Lakeside Drive</b> <b>Gurnee, IL 60031-4099</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,380.00</b>
3.242	<b>Nonpriority creditor's name and mailing address</b> <b>Olympus America Inc.</b> <b>Attn: Legal Department</b> <b>350 Corporate Parkway</b> <b>Center Valley, PA 18034-0610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,921.64</b>
3.243	<b>Nonpriority creditor's name and mailing address</b> <b>Omniceil Inc.</b> <b>1201 Charleston Road</b> <b>Mountain View, CA 94043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,418.00</b>

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3.244	<b>Nonpriority creditor's name and mailing address</b> <b>Optum</b> <b>PO Box 27116</b> <b>Salt Lake City, UT 84127</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,888.77</b>
3.245	<b>Nonpriority creditor's name and mailing address</b> <b>Organogenesis Inc.</b> <b>150 Dan Road</b> <b>Canton, MA 02021</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,750.00</b>
3.246	<b>Nonpriority creditor's name and mailing address</b> <b>Ortho Clinical Diagnostic</b> <b>100 Inigo Creek</b> <b>Rochester, NY 14626-0871</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,393.54</b>
3.247	<b>Nonpriority creditor's name and mailing address</b> <b>Ozark Biomedical, LLC</b> <b>1001 Commerce Place</b> <b>Beebe, AR 72012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$603.59</b>
3.248	<b>Nonpriority creditor's name and mailing address</b> <b>Pacific Medical Supply</b> <b>Attn: Accounts Receivable</b> <b>33047 Calle Aviator, Suite C</b> <b>San Juan Capistrano, CA 92675</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,599.97</b>
3.249	<b>Nonpriority creditor's name and mailing address</b> <b>Pandion Optimization Alliance</b> <b>3445 Winton Place, Suite 222</b> <b>Rochester, NY 14623-2950</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,943.00</b>
3.250	<b>Nonpriority creditor's name and mailing address</b> <b>Paper Direct, Inc.</b> <b>4875 White Bear Parkway</b> <b>Saint Paul, MN 55110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$290.55</b>

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3.251	<b>Nonpriority creditor's name and mailing address</b> <b>Paradigm Spine LLC</b> <b>505 Park Avenue, 14th Floor</b> <b>New York, NY 10022</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2616</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120,750.00</b>
3.252	<b>Nonpriority creditor's name and mailing address</b> <b>Partssource, LLC</b> <b>1930 Case Parkway North</b> <b>Twinsburg, OH 44087</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,031.29</b>
3.253	<b>Nonpriority creditor's name and mailing address</b> <b>Patterson Medical</b> <b>PO Box 5071</b> <b>Bolingbrook, IL 60440</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$353.95</b>
3.254	<b>Nonpriority creditor's name and mailing address</b> <b>PC Connection Inc.</b> <b>730 Milford Road</b> <b>Merrimack, NH 03054</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$804.52</b>
3.255	<b>Nonpriority creditor's name and mailing address</b> <b>Pediatric Cardiology Assoc. of WNY</b> <b>936 Delaware Avenue, Suite 100</b> <b>Buffalo, NY 14209</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$56.00</b>
3.256	<b>Nonpriority creditor's name and mailing address</b> <b>Pentax Medical Company</b> <b>3 Paragon Drive</b> <b>Montvale, NJ 07645</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$190.00</b>
3.257	<b>Nonpriority creditor's name and mailing address</b> <b>Pepsi-Cola Company</b> <b>6120 Lendell Drive</b> <b>Sanborn, NY 14132-9198</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,964.43</b>



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3.258	Nonpriority creditor's name and mailing address <b>PFM Medical Inc. 1916 Palomar Oaks Way Suite 150 Carlsbad, CA 92008</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$930.50</b>
3.259	Nonpriority creditor's name and mailing address <b>Philips Healthcare 3000 Minuteman Road, MS0400 Andover, MA 01810</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,018.08</b>
3.260	Nonpriority creditor's name and mailing address <b>Physician's Record Co. 3000 S Ridgeland Avenue Berwyn, IL 60402-7000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.261	Nonpriority creditor's name and mailing address <b>Plumb Master PO Box 700 Concordville, PA 19331</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,925.10</b>
3.262	Nonpriority creditor's name and mailing address <b>PMA Companies 380 Sentry Parkway Blue Bell, PA 19422</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2137</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$96,122.20</b>
3.263	Nonpriority creditor's name and mailing address <b>PMAIC 380 Sentry Parkway PO Box 3031 Blue Bell, PA 19422</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$96,122.20</b>
3.264	Nonpriority creditor's name and mailing address <b>PNCEF, LLC dba PNC Equipment Finance 2300 Cabot Drive, Suite 335 Lisle, IL 60532</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.265	<b>Nonpriority creditor's name and mailing address</b> <b>Pooley Inc.</b> <b>196 Vulcan Street</b> <b>Buffalo, NY 14207</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$110.28</b>
3.266	<b>Nonpriority creditor's name and mailing address</b> <b>Posey Company</b> <b>5635 Peck Road</b> <b>Arcadia, CA 91006-0020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$125.04</b>
3.267	<b>Nonpriority creditor's name and mailing address</b> <b>Povinelli Cutlery</b> <b>3810 Union Road</b> <b>Buffalo, NY 14225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39.50</b>
3.268	<b>Nonpriority creditor's name and mailing address</b> <b>Precision Dynamics Corporation</b> <b>27770 N Entertainment Drive</b> <b>Suite 200</b> <b>Valencia, CA 91355</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,445.65</b>
3.269	<b>Nonpriority creditor's name and mailing address</b> <b>Press, Ganey Associates, Inc.</b> <b>Box 88335</b> <b>Milwaukee, WI 53288-0335</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,594.84</b>
3.270	<b>Nonpriority creditor's name and mailing address</b> <b>Psychemedics Corporation</b> <b>PO Box 4163</b> <b>Woburn, MA 01888-4163</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$222.00</b>
3.271	<b>Nonpriority creditor's name and mailing address</b> <b>Public Goods Pool</b> <b>PO Box 4757</b> <b>Syracuse, NY 13221-4757</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,771.00</b>

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3.272	Nonpriority creditor's name and mailing address <b>Public Goods Pool</b> <b>PO Box 4757</b> <b>Syracuse, NY 13221-4757</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,836.00</b>
3.273	Nonpriority creditor's name and mailing address <b>Quality Plus Inc.</b> <b>60 Lawrence Bell Drive</b> <b>Buffalo, NY 14221-7074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$244.60</b>
3.274	Nonpriority creditor's name and mailing address <b>Quest Diagnostics</b> <b>PO Box 740709</b> <b>Atlanta, GA 30374-0709</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,254.01</b>
3.275	Nonpriority creditor's name and mailing address <b>Rel Comm Inc.</b> <b>250 Cumberland Street</b> <b>Suite 214</b> <b>Rochester, NY 14605-2801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,792.75</b>
3.276	Nonpriority creditor's name and mailing address <b>Reliant Medical Equipment</b> <b>3807 Harlem Road</b> <b>Buffalo, NY 14215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$550.00</b>
3.277	Nonpriority creditor's name and mailing address <b>Relias LLC</b> <b>PO Box 74008620</b> <b>Chicago, IL 60674-8620</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,665.96</b>
3.278	Nonpriority creditor's name and mailing address <b>Revint Solutions</b> <b>6 Hillman Drive</b> <b>Suite 100</b> <b>Chadds Ford, PA 19317</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,000.00</b>

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3.279	Nonpriority creditor's name and mailing address <b>Ronco Specialized Systems Inc.</b> <b>84 Grand Island Boulevard</b> <b>Tonawanda, NY 14150</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,505.75</b>
3.280	Nonpriority creditor's name and mailing address <b>RR Donnelley</b> <b>2351 North Forest Road</b> <b>Suite 100</b> <b>Getzville, NY 14068-1225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$272.82</b>
3.281	Nonpriority creditor's name and mailing address <b>Russ Medical Specialties</b> <b>520 N. 3rd Street</b> <b>Wilmington, NC 28402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$184.80</b>
3.282	Nonpriority creditor's name and mailing address <b>S &amp; S Worldwide Inc.</b> <b>PO Box 513</b> <b>Colchester, CT 06415-0513</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,167.12</b>
3.283	Nonpriority creditor's name and mailing address <b>Safeguard Business Systems</b> <b>7030 East Genesee Street</b> <b>Fayetteville, NY 13066</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,141.92</b>
3.284	Nonpriority creditor's name and mailing address <b>Sanofi Pasteur</b> <b>Rt 611</b> <b>PO Box 187</b> <b>Swiftwater, PA 18370</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,303.46</b>
3.285	Nonpriority creditor's name and mailing address <b>Schlinder Elevator Corp.</b> <b>435 Lawrence Bell Drive</b> <b>Suite 7A</b> <b>Buffalo, NY 14221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,296.28</b>

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3.286	Nonpriority creditor's name and mailing address <b>Shred-It USA LLC</b> <b>440 Lawrence Bell Drive</b> <b>Suite 2</b> <b>Buffalo, NY 14221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,489.15</b>
3.287	Nonpriority creditor's name and mailing address <b>Siemens Bldg Technologies</b> <b>85 Northpointe Parkway</b> <b>Suite 8</b> <b>Buffalo, NY 14228-1886</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,224.66</b>
3.288	Nonpriority creditor's name and mailing address <b>Siemens Healthcare Diagnostics Inc.</b> <b>First Nat. Bank of Chicago</b> <b>PO Box 93579</b> <b>Chicago, IL 60673-3579</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,054.16</b>
3.289	Nonpriority creditor's name and mailing address <b>Siemens Medical Solutions USA Inc.</b> <b>40 Liberty Boulevard</b> <b>Malvern, PA 19355</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>1723</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$130,407.83</b>
3.290	Nonpriority creditor's name and mailing address <b>SJB Services Inc.</b> <b>5167 South Park Avenue</b> <b>Hamburg, NY 14075</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,300.00</b>
3.291	Nonpriority creditor's name and mailing address <b>Smart Surgical Inc.</b> <b>3501 West Elder Street</b> <b>Suite 104</b> <b>Boise, ID 83705</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,800.00</b>
3.292	Nonpriority creditor's name and mailing address <b>Smith Medical ASD, Inc.</b> <b>226 West Street</b> <b>Keene, NH 03431</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,833.14</b>

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3.293	<b>Nonpriority creditor's name and mailing address</b> <b>Smith Nephew Endoscopy</b> <b>160 Dascomb Road</b> <b>Andover, MA 01810</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,964.77</b>
3.294	<b>Nonpriority creditor's name and mailing address</b> <b>Smith Nephew Orthopedic</b> <b>1450 Brooks Road</b> <b>Memphis, TN 38116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,004.42</b>
3.295	<b>Nonpriority creditor's name and mailing address</b> <b>Spalding Hardware</b> <b>215 Davison Road</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$292.48</b>
3.296	<b>Nonpriority creditor's name and mailing address</b> <b>Spinal Elements</b> <b>1755 West Oak Parkway</b> <b>Marietta, GA 30062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,750.00</b>
3.297	<b>Nonpriority creditor's name and mailing address</b> <b>Spinal USA Inc.</b> <b>2050 Executive Drive</b> <b>Pearl, MS 39208</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2562</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$208,711.00</b>
3.298	<b>Nonpriority creditor's name and mailing address</b> <b>SPS Medical Supply Corp</b> <b>6789 W Henrietta Road</b> <b>Rush, NY 14543</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$563.50</b>
3.299	<b>Nonpriority creditor's name and mailing address</b> <b>Stahl M.D., David</b> <b>21 North Main Street</b> <b>Middleport, NY 14105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$76.86</b>

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3.300	<b>Nonpriority creditor's name and mailing address</b> <b>Statlab Medical Products</b> <b>2090 Commerce Drive</b> <b>McKinney, TX 75069</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$505.76</b>
3.301	<b>Nonpriority creditor's name and mailing address</b> <b>Stericycle</b> <b>3 Expressway Plaza</b> <b>Suite 110</b> <b>Roslyn Heights, NY 11577</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,866.41</b>
3.302	<b>Nonpriority creditor's name and mailing address</b> <b>Steris Corporation</b> <b>5960 Heisley Road</b> <b>Mentor, OH 44060-1834</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$67,988.21</b>
3.303	<b>Nonpriority creditor's name and mailing address</b> <b>Strate Welding Supply Co.</b> <b>6776 N Canal Road</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.46</b>
3.304	<b>Nonpriority creditor's name and mailing address</b> <b>Stryker Instruments</b> <b>2825 Airview Boulevard</b> <b>Portage, MI 49002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,346.31</b>
3.305	<b>Nonpriority creditor's name and mailing address</b> <b>Stryker Orthopaedics</b> <b>325 Corporate Drive</b> <b>Mahwah, NJ 07430</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1008</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$399,104.20</b>
3.306	<b>Nonpriority creditor's name and mailing address</b> <b>Stuart Sports, Inc.</b> <b>486 Center Street</b> <b>Lewiston, NY 14092</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>

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3.307	<b>Nonpriority creditor's name and mailing address</b> <b>Summit Print &amp; Mail LLC</b> <b>6042 Old Beattie Road</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$465.36</b>
3.308	<b>Nonpriority creditor's name and mailing address</b> <b>Symmetry Surgical</b> <b>3034 Owen Drive</b> <b>Antioch, TN 37013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,264.29</b>
3.309	<b>Nonpriority creditor's name and mailing address</b> <b>Synergy Global Solutions, Inc.</b> <b>7871 Lehigh Crossing Drive, #1</b> <b>Victor, NY 14564</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,405.00</b>
3.310	<b>Nonpriority creditor's name and mailing address</b> <b>Synthes USA</b> <b>1690 Russell Road</b> <b>PO Box 1766</b> <b>Paoli, PA 19301-0800</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$58,063.00</b>
3.311	<b>Nonpriority creditor's name and mailing address</b> <b>Teamviewer Germany GMBH</b> <b>PO Box 743135</b> <b>Atlanta, GA 30374</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,388.00</b>
3.312	<b>Nonpriority creditor's name and mailing address</b> <b>Tela Bio Inc.</b> <b>One Great Valley Parkway</b> <b>Suite 24</b> <b>Malvern, PA 19355</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,920.00</b>
3.313	<b>Nonpriority creditor's name and mailing address</b> <b>Teleflex LLC</b> <b>3015 Carrington Mill Boulevard</b> <b>Morrisville, NC 27560</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,130.45</b>



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3.314	Nonpriority creditor's name and mailing address <b>Teleflex Medical Inc.</b> <b>PO Box 12600</b> <b>2917 Weck Drive</b> <b>Durham, NC 27709</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,855.20</b>
3.315	Nonpriority creditor's name and mailing address <b>The Drain Doctor</b> <b>1400 College Avenue</b> <b>Niagara Falls, NY 14305</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,160.00</b>
3.316	Nonpriority creditor's name and mailing address <b>TimeWarner Cable</b> <b>2604 Seneca Avenue</b> <b>Niagara Falls, NY 14305-3299</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,872.16</b>
3.317	Nonpriority creditor's name and mailing address <b>Tremco WNY</b> <b>PO Box 104</b> <b>Lancaster, NY 14086</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,125.00</b>
3.318	Nonpriority creditor's name and mailing address <b>Tri - Anim Health Services</b> <b>201-A Avenue B</b> <b>Youngwood, PA 15697</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,553.16</b>
3.319	Nonpriority creditor's name and mailing address <b>Tri-Delta Resources Corp.</b> <b>15 North Street</b> <b>Canandaigua, NY 14424</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,650.00</b>
3.320	Nonpriority creditor's name and mailing address <b>Trimedx Health Care Equipment</b> <b>5451 Lakeview Parkway South Drive</b> <b>Indianapolis, IN 46268</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>0108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$109,878.26</b>

Debtor **Eastern Niagara Hospital, Inc.**  
Name

Case number (if known) **1-19-12342-CLB**

3.321	<b>Nonpriority creditor's name and mailing address</b> <b>Tru Quality Medical Inc.</b> <b>PO Box 925</b> <b>Fenton, MI 48430</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$170.00</b>
3.322	<b>Nonpriority creditor's name and mailing address</b> <b>Trusted Nurse Staffing LLC</b> <b>500 Seneca Street</b> <b>Suite 501</b> <b>Buffalo, NY 14204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$53,427.50</b>
3.323	<b>Nonpriority creditor's name and mailing address</b> <b>Twin City Ambulance Corp</b> <b>PO Box 536032</b> <b>Pittsburgh, PA 15253-5902</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,390.36</b>
3.324	<b>Nonpriority creditor's name and mailing address</b> <b>U&amp;S Services, Inc.</b> <b>f/k/a SmartEdge</b> <b>95 Stark Street</b> <b>Tonawanda, NY 14150</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72,490.73</b>
3.325	<b>Nonpriority creditor's name and mailing address</b> <b>Ulrich Sign Co.</b> <b>177 Oakhurst Street</b> <b>Lockport, NY 14094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$495.00</b>
3.326	<b>Nonpriority creditor's name and mailing address</b> <b>Unifirst Corporation</b> <b>3999 Jeffrey Boulevard</b> <b>Buffalo, NY 14219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,151.48</b>
3.327	<b>Nonpriority creditor's name and mailing address</b> <b>United Parcel Service</b> <b>PO Box 7247-0244</b> <b>Philadelphia, PA 19170-0001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$126.84</b>

Debtor **Eastern Niagara Hospital, Inc.**  
Name

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3.328	<b>Nonpriority creditor's name and mailing address</b> <b>University at Buffalo Surgeons Inc.</b> <b>100 High Street</b> <b>Buffalo, NY 14203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.329	<b>Nonpriority creditor's name and mailing address</b> <b>Upstate Niagara Cooperative Inc.</b> <b>1730 Dale Road</b> <b>Buffalo, NY 14225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,904.42</b>
3.330	<b>Nonpriority creditor's name and mailing address</b> <b>Uresil</b> <b>5418 West Touhy Avenue</b> <b>Skokie, IL 60077</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$270.00</b>
3.331	<b>Nonpriority creditor's name and mailing address</b> <b>US Foodservice</b> <b>125 Gardenville Parkway West</b> <b>Buffalo, NY 14224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80,385.07</b>
3.332	<b>Nonpriority creditor's name and mailing address</b> <b>Usherwood Office Technology</b> <b>2595 Brighton Henrietta Town Line Road</b> <b>Rochester, NY 14623</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,052.60</b>
3.333	<b>Nonpriority creditor's name and mailing address</b> <b>Vapotherm Inc.</b> <b>100 Domain Drive</b> <b>Exeter, NH 03833</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,155.00</b>
3.334	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon</b> <b>PO Box 15124</b> <b>Albany, NY 12212-5124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$673.64</b>

Debtor **Eastern Niagara Hospital, Inc.**  
Name

Case number (if known) **1-19-12342-CLB**

3.335	<b>Nonpriority creditor's name and mailing address</b> <b>VRP NY P.A.</b> <b>25983 Network Place</b> <b>Chicago, IL 60673-1259</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,188.20</b>
3.336	<b>Nonpriority creditor's name and mailing address</b> <b>WB Mason Co Inc.</b> <b>59 Centre Street</b> <b>Brockton, MA 02303</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,155.48</b>
3.337	<b>Nonpriority creditor's name and mailing address</b> <b>Weiler, M.D., Mary</b> <b>3983 Wilson-Cambria Road</b> <b>Ransomville, NY 14131</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>
3.338	<b>Nonpriority creditor's name and mailing address</b> <b>Wendel Architects &amp; Engineers</b> <b>375 Essjay Road, Suite 200</b> <b>Buffalo, NY 14221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,350.49</b>
3.339	<b>Nonpriority creditor's name and mailing address</b> <b>Werfen USA LLC</b> <b>180 Hartwell Road</b> <b>Bedford, MA 01730-2443</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,555.15</b>
3.340	<b>Nonpriority creditor's name and mailing address</b> <b>West Coast Medical Resources</b> <b>520 Howard Court</b> <b>Clearwater, FL 33756</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,847.00</b>
3.341	<b>Nonpriority creditor's name and mailing address</b> <b>Windstream</b> <b>PO Box 9001013</b> <b>Louisville, KY 40290-1013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,279.64</b>

Debtor **Eastern Niagara Hospital, Inc.**  
Name

Case number (if known) **1-19-12342-CLB**

3.342	<b>Nonpriority creditor's name and mailing address</b> <b>WNY Medical Practice PC</b> <b>1425 Portland Avenue</b> <b>Rochester, NY 14621</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,900.00</b>
3.343	<b>Nonpriority creditor's name and mailing address</b> <b>X-Cell Laboratories of WNY Inc.</b> <b>20 Northpointe Parkway, Suite 100</b> <b>Buffalo, NY 14228</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4215</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151,396.76</b>
3.344	<b>Nonpriority creditor's name and mailing address</b> <b>Xodus Medical Inc.</b> <b>702 Prominence Drive</b> <b>New Kensington, PA 15068</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,691.00</b>
3.345	<b>Nonpriority creditor's name and mailing address</b> <b>Z-Medica</b> <b>4 Fairfield Boulevard</b> <b>Wallingford, CT 06492</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$615.49</b>
3.346	<b>Nonpriority creditor's name and mailing address</b> <b>Zimmer Biomet Spine Inc.</b> <b>1800 West Center Street</b> <b>Bldg 5 MS-5162</b> <b>Warsaw, IN 46580</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2979</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$129,913.75</b>
3.347	<b>Nonpriority creditor's name and mailing address</b> <b>Zimmer USA</b> <b>40 Centre Drive</b> <b>Orchard Park, NY 14127</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,699.73</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Siemens Medical Solutions USA Inc.</b> <b>51 Valley Stream Parkway</b> <b>Mail Stop K14</b> <b>Malvern, PA 19355</b>	Line <b>3.289</b> <input type="checkbox"/> Not listed. Explain ____	—

Debtor Eastern Niagara Hospital, Inc.  
Name

Case number (if known) 1-19-12342-CLB

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.2 **Zimmer Biomet Spine Inc.**  
**10225 Westmoore Drive**  
**Broomfield, CO 80021**

Line 3.346

☐ Not listed. Explain \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>9,315.49</u>
5b.	+ \$ <u>6,748,041.93</u>
5c.	\$ <u>6,757,357.42</u>

Fill in this information to identify the case:

Debtor name **Eastern Niagara Hospital, Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NY**

Case number (if known) **1-19-12342-CLB**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Lockport - Collective Bargaining Agreement 4/1/2018 - 4/1/2021**

State the term remaining

List the contract number of any government contract

**1199 SEIU United Healthcare Workers East  
310 West 43rd Street  
New York, NY 10036**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Newfane Union Contract**

State the term remaining **4/1/2018 - 3/31/2021**

List the contract number of any government contract

**1199 SEIU United Healthcare Workers East  
310 West 43rd Street  
New York, NY 10036**

2.3. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Ability Network Inc.  
Dept CH 16577  
Palatine, IL 60055-6577**

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Advanced Medical Physics PLLC  
840 Aero Drive, Suite 150  
Buffalo, NY 14225**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Advanced Technology Recycling**  
**601 East Prairie**  
**Pontiac, IL 61764**

2.6. State what the contract or lease is for and the nature of the debtor's interest

**Administration (RELIAS)**

State the term remaining

List the contract number of any government contract

**AHC Media LLC**  
**PO Box 74008620**  
**Chicago, IL 60674-8620**

2.7. State what the contract or lease is for and the nature of the debtor's interest

**Centurian Machines**  
**Cataract equipment contract**

State the term remaining

List the contract number of any government contract

**Alcon Laboratories Inc.**  
**PO Box 99004**  
**Fort Worth, TX 76134**

2.8. State what the contract or lease is for and the nature of the debtor's interest

**Fire safety contract**

State the term remaining

List the contract number of any government contract

**All State Fire Equipment of WNY**  
**400 Mineral Springs Road**  
**Buffalo, NY 14224**

2.9. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Amherst Cleaning Services**  
**270 Rosedale Boulevard**  
**Buffalo, NY 14226**

2.10. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Avantik**  
**36 Commerce Street**  
**Springfield, NJ 07081**



**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- 2.11. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Baxter Healthcare Corp.**  
**PO Box 33037**  
**Newark, NJ 07188-0037**

- 2.12. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Hazardous and  
Non-Hazardous  
Pharmaceuticals  
contract**

**BioServ**  
**10 Gramar Avenue**  
**Prospect, CT 06712**

- 2.13. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Bridgehead Software Inc.**  
**400 West Cummings Park**  
**Suite 6050**  
**Woburn, MA 01801**

- 2.14. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Buffalo Alarm Inc.**  
**1325 Millersport Highway**  
**Suite 109**  
**Buffalo, NY 14221**

- 2.15. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Buffalo Materials Handling Corp.**  
**PO Box 372**  
**Clarence Center, NY 14032**

- 2.16. State what the contract or lease is for and the nature of the debtor's interest

**Buffalo Protection & Investigation**  
**603 Division Street, Suite 30**  
**North Tonawanda, NY 14120**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract \_\_\_\_\_

- 2.17. State what the contract or lease is for and the nature of the debtor's interest **Self Pay Collections**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Capturenet  
4835 East Cactus Road  
Suite 430  
Scottsdale, AZ 85254**

- 2.18. State what the contract or lease is for and the nature of the debtor's interest **Radiology contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Carestream Health Inc.  
150 Verona Street  
Rochester, NY 14608**

- 2.19. State what the contract or lease is for and the nature of the debtor's interest **Cooling Tower contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Chem-Aqua  
PO Box 152170  
Irving, TX 75015**

- 2.20. State what the contract or lease is for and the nature of the debtor's interest **Union Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**4/1/2016 - 3/31/2020**

**Civil Service Employees Association, Inc  
Local #1000, AFSCME, AFL-CIO  
on behalf of Local #716  
143 Washington Street  
Albany, NY 12210**

- 2.21. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Community Computer Service Inc.  
15 Hulbert Street  
Auburn, NY 13021**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.22. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Core Sound Imaging Inc.  
7000 Six Forks Road  
Suite 102  
Raleigh, NC 27615**

2.23. State what the contract or lease is for and the nature of the debtor's interest

**Emergency Generator maintenance contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Cummins Northeast  
700 Aero Drive  
Buffalo, NY 14225**

2.24. State what the contract or lease is for and the nature of the debtor's interest

**Fire Alarm System maintenance contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Davis-Ulmer Sprinkler Co.  
Attn: Dennis Metz  
One Commerce Drive  
Buffalo, NY 14228-2395**

2.25. State what the contract or lease is for and the nature of the debtor's interest

**Psychiatric Services Agreement dated 12/8/2017**

State the term remaining

**1/1/2018-12/31/2019**

List the contract number of any government contract \_\_\_\_\_

**Dewey, M.D., Seth G.  
55 Pine Woods Drive  
North Tonawanda, NY 14120**

2.26. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Diamond Healthcare Communications  
231318 Momentum Place  
Chicago, IL 60689-5311**

2.27. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Direct Energy Business  
Attn: Customer Relations  
1001 Liberty Avenue  
Pittsburgh, PA 15222**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- 2.28. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Diversified Services  
2900 Delaware Avenue  
Buffalo, NY 14217**

- 2.29. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**DrFirst.com Inc.  
9420 Key West Avenue  
Suite 230  
Rockville, MD 20850**

- 2.30. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Eastern Vacuum and Compressor Svcs  
4570 Middle Road  
Rushville, NY 14544**

- 2.31. State what the contract or lease is for and the nature of the debtor's interest

**Pest removal contract**

State the term remaining

List the contract number of any government contract

**Ehrlich Co. Inc.  
505 Duke Road, Suite 300  
Buffalo, NY 14225**

- 2.32. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Environmental Services Group (NY)  
177 Wales Avenue  
Tonawanda, NY 14150**

- 2.33. State what the contract or lease is for and the nature of the debtor's interest

**Water Filter for Surgery contract****Evoqua Water Technologies LLC  
Attn: Legal Department  
210 Sixth Avenue, Suite 3300  
Pittsburgh, PA 15222**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract \_\_\_\_\_

- 2.34. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**First Databank  
701 Gateway Boulevard  
Suite 600  
South San Francisco, CA 94080**

- 2.35. State what the contract or lease is for and the nature of the debtor's interest **Loan contract for 2016  
Silver Ford Escape -  
Balance \$8,760**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Ford Credit  
Attn: Customer Service Center  
P.O. Box 542000  
Omaha, NE 68154-8000**

- 2.36. State what the contract or lease is for and the nature of the debtor's interest **Check overlays for AP  
and Payroll contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**FormFast Inc.  
13421 Manchester Road  
Suite 208  
Saint Louis, MO 63131**

- 2.37. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Fortec Litho NY, LLC  
10125 Wellman Road  
Streetsboro, OH 44241**

- 2.38. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**FTS Management Inc.  
7475 N Clare Avenue  
PO Box 800  
Harrison, MI 48625**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.39. State what the contract or lease is for and the nature of the debtor's interest **Radiology equipment contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**GE Healthcare  
101 Carnegie Center  
Princeton, NJ 08540**

- 2.40. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Gerster Trane  
45 Earhart Drive  
Suite 103  
Buffalo, NY 14221**

- 2.41. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Great Lakes Hospital  
PO Box 275  
Buffalo, NY 14226**

- 2.42. State what the contract or lease is for and the nature of the debtor's interest **Severance Agreement dated June 22, 2018**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Haar, Clare A.  
900 Delaware Avenue, #301  
Buffalo, NY 14209**

- 2.43. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Healthbanks  
1500 District Avenue  
Burlington, MA 01803**

- 2.44. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Herschell, Suzanne  
338 Brooksboro Drive  
Webster, NY 14580-9744**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.45. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**HLS Healthcare Logistics Sys. LLC**  
**5850 Coral Ridge Road**  
**#304**  
**Fort Lauderdale, FL 33321**

2.46. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**ICAD Inc.**  
**98 Spitbrook Road**  
**Suite 100**  
**Nashua, NH 03062**

2.47. State what the contract or lease is for and the nature of the debtor's interest

**IT contract**

State the term remaining

List the contract number of any government contract

**Inland Northwest Health Services Inc.**  
**601 West 1st Avenue**  
**Spokane, WA 99201**

2.48. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Intelligent Medical Objects**  
**9600 West Bryn Mawr**  
**Suite 100**  
**Des Plaines, IL 60018**

2.49. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Interface People**  
**2274 Rockbrook Drive**  
**Lewisville, TX 75067**

2.50. State what the contract or lease is for and the nature of the debtor's interest

**Union Collective Bargaining Agreement****International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW Local 55**  
**35 George Karl Boulevard, Suite 300**  
**Buffalo, NY 14221**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **1/1/2018 - 12/31/2020**

List the contract number of any government contract \_\_\_\_\_

- 2.51. State what the contract or lease is for and the nature of the debtor's interest **ST100X (Sterrad Sterilizer) equipment contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**J & J Health Care Systems  
425 Hoes Lane  
Piscataway, NJ 08855-6800**

- 2.52. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**John W. Danforth Co.  
300 Colvin Woods Parkway  
Tonawanda, NY 14150**

- 2.53. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Johnson Controls Fire Protection  
Dept Ch 10320  
Palatine, IL 60055**

- 2.54. State what the contract or lease is for and the nature of the debtor's interest **Laparoscopy Towers - Balance \$129,560**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Karl Storz Capital  
1111 Old Eagle School Road  
Wayne, PA 19087**

- 2.55. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Kinney Services Inc.  
1205 Troy Schenectady Road  
Suite 106  
Latham, NY 12110**



**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.56. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Koester Associates Inc.  
RR#5, Box 620  
Suite 7 Madison Boulevard  
Canastota, NY 13032**2.57. State what the contract or lease is for and the nature of the debtor's interest **Snowplowing contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Lawns Unlimited Landscaping  
2344 Hess Road  
Appleton, NY 14008**

2.58. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Linde LLC  
PO Box 382000  
Pittsburgh, PA 15250**

2.59. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Macro Helix LLC  
PO Box 742256  
Atlanta, GA 30374-2256**

2.60. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Mailfinance  
PO Box 123682  
Dallas, TX 75312**

2.61. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Manna Refrigeration Service Inc.  
33 Franklin Avenue  
Lockport, NY 14094**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.62. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Mar Cor Purification**  
**4450 Township Line Road**  
**PO Box 1429**  
**Skippack, PA 19474-1429**

2.63. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Secure paging for doctors contract**

**MaxMD**  
**2200 Fletcher Avenue, Suite 506**  
**Fort Lee, NJ 07024-5063**

2.64. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Autoverification system and dashboard contract**

**McKesson Medical-Surgical Inc.**  
**8741 Landmark Road**  
**Henrico, VA 23228**

2.65. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Medtech contract**

**Medical Information Technology, Inc.**  
**Meditech Circle**  
**Westwood, MA 02090**

2.66. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**MedPipe**  
**102 Freedom Drive**  
**PO Box 541**  
**Lawrence, PA 15055**

2.67. State what the contract or lease is for and the nature of the debtor's interest

**Merry X-Ray Inc.**  
**133 Industry Drive**  
**RIDC West**  
**Pittsburgh, PA 15275**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract \_\_\_\_\_

- 2.68. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Messer North America**  
**200 Somerset Corporate Boulevard**  
**Suite 7000**  
**Bridgewater, NJ 08807**

- 2.69. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Metrodata Inc.**  
**403 Main Street, Suite 624**  
**Buffalo, NY 14203**

- 2.70. State what the contract or lease is for and the nature of the debtor's interest

**Computer software**  
**maintenance contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Micro Focus Software Inc.**  
**PO Box 641025**  
**Pittsburgh, PA 15264-1025**

- 2.71. State what the contract or lease is for and the nature of the debtor's interest

**Radiology equipment**  
**contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Milligray & Associates**  
**2141 Williston Heights**  
**Marilla, NY 14102-9717**

- 2.72. State what the contract or lease is for and the nature of the debtor's interest

**Telemetry Monitors (2**  
**North & ICU) - Balance**  
**\$97,075**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Mindray DS USA Inc.**  
**1300 MacArthur Boulevard**  
**Mahwah, NJ 07430**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.73. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Mirion Technologies Inc.  
PO Box 19536  
Irvine, CA 92623**

2.74. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Modern Disposal Services, Inc.  
PO Box 209  
Model City, NY 14107**

2.75. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Myco Instrumentation Inc.  
21507 State Route 410E  
Suite B  
Bonney Lake, WA 98391**

2.76. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**NCB Medical Coding Specialists Inc.  
8975 Main Street  
Clarence, NY 14031**

2.77. State what the contract or lease is for and the nature of the debtor's interest

**Residency Program  
Agreement dated  
4/16/2019**

State the term remaining

**6/24/2019 - 6/30/2020**

List the contract number of any government contract

**Niagara Falls Memorial Med Centre  
621 Tenth Street  
Niagara Falls, NY 14302**

2.78. State what the contract or lease is for and the nature of the debtor's interest

**IT contract**

State the term remaining

List the contract number of any government contract

**Nuance Communications  
One Wayside Drive  
Burlington, MA 01803**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- 2.79. State what the contract or lease is for and the nature of the debtor's interest **Radiology equipment contract**

State the term remaining

List the contract number of any government contract

**NY Imaging  
1 D'Alfonso Road  
Newburgh, NY 12550**

- 2.80. State what the contract or lease is for and the nature of the debtor's interest **Union Contract**

State the term remaining

**7/1/2018-6/30/2021**

List the contract number of any government contract

**NYS Nurses Association  
155 Washington Avenue  
Suite 201  
Albany, NY 12210**

- 2.81. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**NYSDEC - PBS Unit  
270 Michigan Avenue  
Buffalo, NY 14203-2999**

- 2.82. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Office Ally  
PO Box 872020  
Vancouver, WA 98687**

- 2.83. State what the contract or lease is for and the nature of the debtor's interest **Prescription drug system contract**

State the term remaining

List the contract number of any government contract

**Omniceil Inc.  
1201 Charleston Road  
Mountain View, CA 94043**

- 2.84. State what the contract or lease is for and the nature of the debtor's interest **Miscellaneous Equipment - Balance \$444,391**

**Pantheon Capital LLC  
Crossroads Corporate Center  
1 International Boulevard, Suite 624  
Mahwah, NJ 07495**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract \_\_\_\_\_

- 2.85. State what the contract or lease is for and the nature of the debtor's interest **Miscellaneous Equipment - Balance \$62,194**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Pantheon Capital LLC  
Crossroads Corporate Center  
1 International Boulevard, Suite 624  
Mahwah, NJ 07495**

- 2.86. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**PC Connection Sales Corp.  
PO Box 536472  
Pittsburgh, PA 15253-5906**

- 2.87. State what the contract or lease is for and the nature of the debtor's interest **Check Sealer service contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**6/15/2019-6/14/2020**

**Peak-Ryzex Inc.  
10330 Old Columbia Road  
Columbia, MD 21046**

- 2.88. State what the contract or lease is for and the nature of the debtor's interest **Union Contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**10/1/2013-9/30/2020**

**PEF (SEIU)  
PO Box 2665  
New York, NY 10108**

- 2.89. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Psychemedics Corporation  
PO Box 4163  
Woburn, MA 01888-4163**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.90. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Rel Comm Inc.  
250 Cumberland Street  
Suite 214  
Rochester, NY 14605-2801**

2.91. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Relias LLC  
PO Box 74008620  
Chicago, IL 60674-8620**

2.92. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Saia Communications Inc.  
100 Stradtman Street  
Buffalo, NY 14206**

2.93. State what the contract or lease is for and the nature of the debtor's interest

**Maintenance contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Schlinder Elevator Corp.  
435 Lawrence Bell Drive  
Suite 7A  
Buffalo, NY 14221**

2.94. State what the contract or lease is for and the nature of the debtor's interest

**Document shredding contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Shred-It USA LLC  
440 Lawrence Bell Drive  
Suite 2  
Buffalo, NY 14221**

2.95. State what the contract or lease is for and the nature of the debtor's interest

**Mammomat Inspiration  
equipment contract -  
Balance \$149,192**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Siemens Financial Services, Inc.  
170 Wood Avenue South  
Iselin, NJ 08830**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- 2.96. State what the contract or lease is for and the nature of the debtor's interest **Ultrasound Acuson S1000 equipment contract - Balance \$37,410**

State the term remaining

List the contract number of any government contract

**Siemens Financial Services, Inc.  
170 Wood Avenue South  
Iselin, NJ 08830**

- 2.97. State what the contract or lease is for and the nature of the debtor's interest **Ultrasound S1000 equipment contract - Balance \$37,410**

State the term remaining

List the contract number of any government contract

**Siemens Financial Services, Inc.  
170 Wood Avenue South  
Iselin, NJ 08830**

- 2.98. State what the contract or lease is for and the nature of the debtor's interest **Ultrasound Acuson S2000 equipment contract - Balance \$44,466**

State the term remaining

List the contract number of any government contract

**Siemens Financial Services, Inc.  
170 Wood Avenue South  
Iselin, NJ 08830**

- 2.99. State what the contract or lease is for and the nature of the debtor's interest **Ultrasound S2000 equipment contract - Balance \$42,058**

State the term remaining

List the contract number of any government contract

**Siemens Financial Services, Inc.  
170 Wood Avenue South  
Iselin, NJ 08830**

- 2.100. State what the contract or lease is for and the nature of the debtor's interest **SX Vista 500 equipment contract - Balance \$59,574**

State the term remaining

List the contract number of any government contract

**Siemens Financial Services, Inc.  
170 Wood Avenue South  
Iselin, NJ 08830**

- 2.101. State what the contract or lease is for and the nature of the debtor's interest

**Siemens Healthcare Diagnostics Inc.  
First Nat. Bank of Chicago  
PO Box 93579  
Chicago, IL 60673-3579**



**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

- 2.102. State what the contract or lease is for and the nature of the debtor's interest **Lab contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Siemens Medical Solutions USA Inc.  
51 Valley Stream Parkway  
Mail Stop K14  
Malvern, PA 19355**

- 2.103. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Special Pathogens Laboratory  
1401 Forbes Avenue  
Suite 401  
Pittsburgh, PA 15219**

- 2.104. State what the contract or lease is for and the nature of the debtor's interest **Bio System contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Stericycle  
3 Expressway Plaza  
Suite 110  
Roslyn Heights, NY 11577**

- 2.105. State what the contract or lease is for and the nature of the debtor's interest **Sterilization System contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Steris Corporation  
5960 Heisley Road  
Mentor, OH 44060-1834**

- 2.106. State what the contract or lease is for and the nature of the debtor's interest **Pro Care Stryker equipment contract**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Stryker Instruments  
2825 Airview Boulevard  
Portage, MI 49002**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.107. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Stryker Sales Corp.  
21343 Network Plaza  
Chicago, IL 60673-1213**

2.108. State what the contract or lease is for and the nature of the debtor's interest **Server maintenance contract**

State the term remaining

List the contract number of any government contract

**Synergy Global Solutions, Inc.  
7871 Lehigh Crossing Drive, #1  
Victor, NY 14564**

2.109. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Syracuse Medical Equipment  
5703 East Taft Road  
Syracuse, NY 13212**

2.110. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Talksoft Corporation  
27019 Network Place  
Chicago, IL 60673-1270**

2.111. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**TB & A Television  
20 Pineview Drive  
Buffalo, NY 14228**

2.112. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**The Drain Doctor  
1400 College Avenue  
Niagara Falls, NY 14305**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- 2.113. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Total Scope South LLC**  
**17 Creek Parkway**  
**Upper Chichester, PA 19601**

- 2.114. State what the contract or lease is for and the nature of the debtor's interest

**Maintenance contract**

State the term remaining

List the contract number of any government contract

**Trane USA Inc.**  
**PO Box 406469**  
**Atlanta, GA 30384-6469**

- 2.115. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Transunion Healthcare Inc.**  
**33206 Collections Center Drive**  
**Chicago, IL 60693-0331**

- 2.116. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Trillium Technology Inc.**  
**317 Division Street, Suite 200**  
**Ann Arbor, MI 48104-2203**

- 2.117. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Trimedx LLC**  
**PO Box 636129**  
**Cincinnati, OH 45263-6129**

- 2.118. State what the contract or lease is for and the nature of the debtor's interest

**Building Control Services contract****U&S Services, Inc.**  
**f/k/a SmartEdge**  
**95 Stark Street**  
**Tonawanda, NY 14150**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract \_\_\_\_\_

- 2.119. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Usherwood Office Technology**  
**2595 Brighton Henrietta Town Line Road**  
**Rochester, NY 14623**

- 2.120. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Verathon Inc.**  
**PO Box 935117**  
**Atlanta, GA 31193-5117**

- 2.121. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Verizon Wireless**  
**PO Box 408**  
**Newark, NJ 07101-0408**

**Fill in this information to identify the case:**Debtor name Eastern Niagara Hospital, Inc.United States Bankruptcy Court for the: WESTERN DISTRICT OF NYCase number (if known) 1-19-12342-CLB☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Code debtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**Debtor name Eastern Niagara Hospital, Inc.United States Bankruptcy Court for the: WESTERN DISTRICT OF NYCase number (if known) 1-19-12342-CLB☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2019** to **Filing Date****Sources of revenue**  
Check all that apply☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**  
(before deductions and exclusions)\$148,641,000.00**For prior year:**From **1/01/2018** to **12/31/2018**☒ Operating a business☐ Other \_\_\_\_\_\$191,264,283.00**For year before that:**From **1/01/2017** to **12/31/2017**☒ Operating a business☐ Other \_\_\_\_\_\$183,223,916.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From **1/01/2019** to **Filing Date****Grants, Not Patient Related Income**\$4,238,350.00**For prior year:**From **1/01/2018** to **12/31/2018****Grants, Not Patient Related Income**\$4,142,161.00**For year before that:**From **1/01/2017** to **12/31/2017****Grants, Not Patient Related Income**\$5,863,660.00**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. <b>See attached Exhibit A</b>		<b>\$0.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>RAC N/A</b>	<b>12/20/2018 - DRG Coding Violation Result: Closed/No Findings</b>	<b>CMS - Region 1 John F. Kennedy Federal Building 15 New Sudbury Street, Room 2325 Boston, MA 02203-0003</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2.	RAC N/A	2/13/2019 - DRG Coding Violation Result: Closed/No Findings	CMS - Region 1 John F. Kennedy Federal Building 15 New Sudbury Street, Room 2325 Boston, MA 02203-0003	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	RAC N/A	4/26/2019 - DRG Coding Violation Result: Closed/No Findings	CMS - Region 1 John F. Kennedy Federal Building 15 New Sudbury Street, Suite 2325 Boston, MA 02203-0003	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4.	RAC N/A	6/26/2019 - DRG Coding Violation Result: DRG Change	CMS - Region 1 John F. Kennedy Federal Building 15 New Sudbury Street, Room 2325 Boston, MA 02203-0003	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.5.	RAC N/A	8/23/2019 - DRG Coding Violation Result: Closed/No Findings	CMS - Region 1 John F. Kennedy Federal Building 15 New Sudbury Street, Room 2325 Boston, MA 02203-0003	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.6.	N/A	7/1/2019 - 2016 Medicaid Institutional Cost Report (ICR) Audit	New York State Department of Health Empire State Plaza, Corning Tower State Street Albany, NY 12203	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.7.	N/A	7/31/2019 - 2017 Medicaid Institutional Cost Report (ACR) Audit	New York State Department of Health Empire Plaza, Corning Tower State Street Albany, NY 12203	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	N/A	9/3/2019 - 2017 Wage Index Audit	CMS - Region 1 John F. Kennedy Federal Building 15 New Sudbury Street, Room 2325 Boston, MA 02203-0003	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.9.	N/A	9/13/2019 - 2016 Disproportionate Share Hospital (DSH)	New York State Department of Health Empire Plaza, Corning Tower State Street Albany, NY 12203	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded



	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.10 .	N/A	7/17/2019 - IPRO Patient Diagnosis and Treatment	IPRO 1979 Marcus Avenue Lake Success, NY 11042-1072	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.11 .	Danny Lee Neal v. Eastern Niagara Hospital, Inc. Claim No. 30711586	Medical Malpractice	Erie County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.12 .	Judith A. Rowh v. Eastern Niagara Hospital, Inc. Claim No. 30805371	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.13 .	Kylec Elliott King v. Eastern Niagara Hospital, Inc. Claim No. 30809448	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.14 .	Stacie S. Combs v. Eastern Niagara Hospital, Inc. Claim No. 30917243	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.15 .	Lee Paul Rosselli v. Eastern Niagara Hospital, Inc. Claim No. 30822002	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.16 .	Thomas J. Kausner v. Eastern Niagara Hospital, Inc. Claim No. 30842563	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.17 .	George Ziemendorf v. Eastern Niagara Hospital, Inc. Claim No. 30847125	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.18 .	Muriel E. Houghton v. Eastern Niagara Hospital, Inc. Claim No. 30848058	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.19 .	Richard A. Jepson v. Eastern Niagara Hospital, Inc. Claim No. 30848404	General Liability Action	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.20 .	Susan A. Westgate v. Eastern Niagara Hospital, Inc. Claim No. 30857728	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.21 .	Betty Doxey v. Eastern Niagara Hospital, Inc. Claim No. 30873071	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.22	Linda Frances Vincent v. Eastern Niagara Hospital, Inc. Claim No. 30880894	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.23	Anna Capen v. Eastern Niagara Hospital, Inc. Claim No. 30881983	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.24	Thomas Ackroyd v. Eastern Niagara Hospital, Inc. Claim No. 30893756	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.25	George A. Caraco, Jr. v. Eastern Niagara Hospital Claim No. 30901773	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.26	Suzanne Klein v. Eastern Niagara Hospital, Inc. Claim No. 30915138	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.27	Jeffrey Saraf v. Eastern Niagara Hospital, Inc. Claim No. 30918124	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.28	Gary Neu v. Eastern Niagara Hospital, Inc. Claim No. 30920103	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.29	Krystal Irrobali v. Eastern Niagara Hospital, Inc. Claim No. 30920301	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.30	David August Bambino v. Eastern Niagara Hospital, Inc. Claim No. 30921937	Medical Malpractice	U.S. District Court, WDNY	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.31	Kathleen H. Algae v. Eastern Niagara Hospital, Inc. Claim No. 30922125	Medical Malpractice	Erie County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.32	Giacomo Dipippo v. Eastern Niagara Hospital, Inc. Claim No. 30925913	Medical Malpractice	Erie County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.33	Patrick Zadul v. Eastern Niagara Hospital, Inc. Claim No. 30927323	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.34	Alice M. Enderby v. Eastern Niagara Hospital, Inc. Claim No. 30928678	Medical Malpractice	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.35	Donald Williamson, Jr. v. Eastern Niagara Hospital, Inc. Claim No. 30933148	Property Liability Action	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.36	Victor Fetter v. Eastern Niagara Hospital, Inc. Claim No. 30933156	Property Liability Action	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.37	Eric Gajewski v. Eastern Niagara Hospital, Inc. Claim No. 30933180	Property Liability Action	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.38	Angela Marillo v. Eastern Niagara Hospital, Inc. Claim No. 30933198	Property Liability Action	Niagara County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.39	Gary Avins v. Eastern Niagara Hospital, Inc. Claim No. 30935615	Medical Malpractice	Erie County Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.40	James Kingsley v. Eastern Niagara Hospital, Inc. Claim No. 30553821	Medical Malpractice	Niagara County Supreme Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.41	Eric Smith v. Eastern Niagara Hospital, Inc. Claim No. 30621876	Medical Malpractice	Niagara County Supreme Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.42	Barbara Gonzalez v. Eastern Niagara Hospital Claim No. 30630041	Medical Malpractice	Niagara County Supreme Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.43	Robin Montana v. Eastern Niagara Hospital, Inc. Claim No. 30643193	Medical Malpractice	Niagara County Supreme Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.44	Cynthia Russell v. Eastern Niagara Hospital, Inc. Claim No. 30739223	General Liability Action	Niagara County Supreme Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.45	James Truscio v. Eastern Niagara Hospital, Inc. Claim No. 30741195	Medical Malpractice	Niagara County Supreme Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.46	Marianna Pellicano v. Eastern Niagara Hospital, Inc. Claim No. 30763090	General Liability Action	Niagara County Supreme Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.47	Rena Rohring v. Eastern Niagara Hospital, Inc. Claim No. 30797619	Medical Malpractice	Niagara County Supreme Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.48	<b>Shirley Burrows v. Eastern Niagara Hospital, Inc. Claim No. 30805587</b>	<b>Medical Malpractice</b>	<b>Erie County Supreme Court</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.49	<b>Alaina Mancini v. Eastern Niagara Hospital, Inc. Claim No. 30894697</b>	<b>Medical Malpractice</b>	<b>Niagara County Supreme Court</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.50	<b>Trane US, Inc. v. Eastern Niagara Hospital, Inc.</b>	<b>Mechanic's Lien for \$57,150.80 filed on 11/15/2019 in the Niagara County Clerk's Office</b>		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss  If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
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**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.		5/6/2019 \$30,000; 5/13/2019 \$7,500; 5/28/2019 \$42,904.66; 6/3/2019 \$42,883.00; 6/11/2019 \$42,968.00; 7/29/2019 \$43,217.68; 8/13/2019 \$44,714.88; 8/13/2019 \$44,749.20; 8/13/2019 \$43,032.52; 8/21/2019 \$42,973.00, and 11/6/2019 \$15,762.98	<b>\$400,705.92</b>
<b>Freedmaxick CPAs PC 424 Main Street, Suite 800 Buffalo, NY 14202</b>			

Email or website address  
**www.freedmaxick.com**

Who made the payment, if not debtor?

11.2.		10/17/2019 \$12,096.50; 10/18/2019 \$19,844.00; 11/4/2019 \$26,567.00; 11/6/2019 \$27,650.00; and 11/6/2019 \$101,717.00	<b>\$187,874.50</b>
<b>Barclay Damon LLP Barclay Damon Tower 125 East Jefferson Street Syracuse, NY 13202</b>			

Email or website address  
**www.barclaydamon.com**

Who made the payment, if not debtor?

## 12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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## 13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within

2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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### Part 7: Previous Locations

#### 14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
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### Part 8: Health Care Bankruptcies

#### 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Eastern Niagara Hospital 521 East Avenue Lockport, NY 14094	Medical, Surgical, Psychiatric, Diagnostic	35
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.2. Eastern Niagara Hospital 2600 William Street Newfane, NY 14108	Chemical Dependency	30
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

### Part 9: Personally Identifiable Information

#### 16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained.

##### Personal, Financial, Medical

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

#### 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or

**profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Eastern Niagara Hospital, Inc. 403(b) Retirement Plan (Plan #004)**

Employer identification number of the plan

EIN: **16-1137084**

Has the plan been terminated?

☒ No☐ Yes☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Eastern Niagara Hospital, Inc. Fringe and Welfare Benefit Plan (Plan #502)**

Employer identification number of the plan

EIN: **16-1137084**

Has the plan been terminated?

☒ No☐ Yes☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Eastern Niagara Hospital Union Pension Plan (Plan #002)**

Employer identification number of the plan

EIN: **16-1137084**

Has the plan been terminated?

☒ No☐ Yes☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Eastern Niagara Hospital, Inc. Defined Benefit Pension Plan (Plan #001)**

Employer identification number of the plan

EIN: **16-1137084**

Has the plan been terminated?

☒ No☐ Yes☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**1999 SEIU Regional Pension Fund (Plan #001) 1999 SEIU MultiEmployer Plan**

Employer identification number of the plan

EIN: **16-1112391**

Has the plan been terminated?

☒ No☐ Yes☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Eastern Niagara Hospital, Inc. (Plan #002) VALIC Group #08012**

Employer identification number of the plan

EIN: **16-1137084**

Has the plan been terminated?

☒ No

☐ Yes☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Eastern Niagara Hospital, Inc. (Plan 1284) Lincoln Group  
#892718+006**

Employer identification number of the plan

EIN: **16-1137084**

Has the plan been terminated?

☒ No☐ Yes☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Eastern Niagara Hospital, Inc. - MetLife Group #0836900**

Employer identification number of the plan

EIN: **16-1137084**

Has the plan been terminated?

☒ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
<b>Northwest Bank 55 East Avenue Lockport, NY 14094</b>	.	<b>Unknown</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
<b>Conjerti Moving Company 4536 Kayner Road Gasport, NY 14067</b>	.	<b>Medical Records</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes



**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☐ No.  
☒ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
Samantha Donatello v. Eastern Niagara Hospital, Inc. and Timothy Laubacker E163921/2018	Niagara County Supreme Court	Medical Malpractice	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
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Business name address		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
			Dates business existed
25.1.	<b>Eastern Niagara Services Organization, L 521 East Avenue Lockport, NY 14094</b>	<b>Provides administrative services to the Niagara Regional Surgery Center to include scheduling, board oversight, financial management, and periodic consulting services.</b>	EIN: <b>474734880</b>  From-To <b>1/6/2015 to Present</b>
25.2.	<b>Eastern Niagara Properties, LLC 521 East Avenue Lockport, NY 14094</b>	<b>Holding company for 5875 South Transit Road property that is leased to Eastern Niagara Hospital, Inc.</b>	EIN: <b>45-1557787</b>  From-To <b>4/4/2011 to Present</b>
25.3.	<b>Medical Practice of Niagara, P.C. 521 East Avenue Lockport, NY 14094</b>	<b>Onwed by Dr. Donald Slate</b>	EIN: <b>81-2609642</b>  From-To <b>4/14/2016 to Present</b>

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☒ None

Name and address	Date of service From-To
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26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
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26b.1.	<b>Lumsden &amp; McCormick, LLP Cyclorama Building 369 Franklin Street Buffalo, NY 14202</b>	<b>1999 to Present</b>
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26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
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26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
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26d.1.	<b>RBS Citizens, N.A. 250 South Clinton Street Syracuse, NY 13202</b>
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**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Victoria Naeger, Staff Account	6/30/2019	1,482,152

Name and address of the person who has possession of inventory records

Eastern Niagara Hospital, Inc.  
521 East Avenue  
Lockport, NY 14094

27.2	Victoria Naeger, Staff Accountant	12/2018	1,482,152
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Name and address of the person who has possession of inventory records

Eastern Niagara Hospital, Inc.  
521 East Avenue  
Lockport, NY 14094

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Christopher E. Beney, M.D.	444 Willow Street Lockport, NY 14094	Member of the Board of Directors	
Name	Address	Position and nature of any interest	% of interest, if any
James E. Ferington, DDS	549 Willow Street Lockport, NY 14094	Member of the Board of Directors	
Name	Address	Position and nature of any interest	% of interest, if any
David E. Godfrey	4821 Lake Road Burt, NY 14028	Member of the Board of Directors	
Name	Address	Position and nature of any interest	% of interest, if any
Martin R. Horanburg	6137 Prospect Street Newfane, NY 14108	Member of the Board of Directors	
Name	Address	Position and nature of any interest	% of interest, if any
Anne E. McCaffrey	556 Willow Street Lockport, NY 14094	Director, President, and Chief Executive Officer	
Name	Address	Position and nature of any interest	% of interest, if any
Ann Briody-Petock	6423 O'Connor Drive Lockport, NY 14094	Chairman of the Board of Directors 9/26/2017 to Present	
Name	Address	Position and nature of any interest	% of interest, if any
Steven Sinclair	22 Rydalmount Road Lockport, NY 14094	Member of the Board of Directors 9/25/2018 to Present	

Name	Address	Position and nature of any interest	% of interest, if any
<b>D. Michael Slate, M.D.</b>	<b>136 McKinley Avenue Buffalo, NY 14217</b>	<b>Member of the Board of Directors and Medical Director 2/21/2019 to Present</b>	
Name	Address	Position and nature of any interest	% of interest, if any
<b>Jennifer Stoll</b>	<b>16 Kingston Circle Lockport, NY 14094</b>	<b>Member of the Board of Directors and Secretary 9/26/2017 to Present</b>	
Name	Address	Position and nature of any interest	% of interest, if any
<b>Margaret Thompson</b>	<b>4863 East Lake Road Burt, NY 14028</b>	<b>Member of the Board of Directors</b>	
Name	Address	Position and nature of any interest	% of interest, if any
<b>Janice E. Errick, M.D.</b>	<b>346 East River Road Grand Island, NY 14072</b>	<b>Member of the Board of Directors</b>	
Name	Address	Position and nature of any interest	% of interest, if any
<b>Suresh Sofat</b>	<b>90 North Woodside Lane Buffalo, NY 14221</b>	<b>Chief of Staff</b>	
Name	Address	Position and nature of any interest	% of interest, if any
<b>David J. DiBacco</b>		<b>Chief Operating Officer</b>	
Name	Address	Position and nature of any interest	% of interest, if any
<b>Marilyn Militello</b>		<b>Senior Director of Nursing</b>	
Name	Address	Position and nature of any interest	% of interest, if any
<b>David Henry</b>		<b>Director of Finance</b>	
Name	Address	Position and nature of any interest	% of interest, if any
<b>Laurie Haight</b>		<b>Quality Assurance Director</b>	
Name	Address	Position and nature of any interest	% of interest, if any
<b>Patricia Uldrich</b>		<b>Assistant Administrator for Quality Assurance</b>	
Name	Address	Position and nature of any interest	% of interest, if any
<b>Carolyn A. Moore</b>		<b>Director of Community Relations</b>	
Name	Address	Position and nature of any interest	% of interest, if any
<b>Autumn Badillo</b>		<b>Human Resources Director</b>	

Name	Address	Position and nature of any interest	% of interest, if any
Jessica Landers		Corporate Compliance Director	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Rocco Surace	6384 O'Connor Drive Lockport, NY 14094	Chairman of the Board of Directors	10/2012 to 10/2019
Anthony W. McKenna	5525 Lockwood Heights Oakfield, NY 14125	Member of the Board of Directors	Unknown to 4/30/2019
Alfred J. Gavazzi	6943 Ellicott Lockport, NY 14094	Member of the Board of Directors	Unknown to 4/30/2019
F. Michael Scalzo	4300 East Lake Road Wilson, NY 14172	Vice-Chairperson of the Board of Directors	Unknown to 4/30/2019
Muneeb U. Haroon	6525 Ashford Court East Amherst, NY 14051	Chief of Staff	1/2017-12/2018
Nicholas Varallo	7369 Rochester Road Lockport, NY 14094	Medical Director	Unknown to 2/20/2019

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Christopher Beney, M.D.	\$693.00/week		Independent Contractor that provides child psychological physicals. Relationship ends in 12/2019.
	Relationship to debtor			
30.2	Dr. Donald Slate	\$125/hour, year to date paid \$14,906.25		Medical Director
	Relationship to debtor			Medical Director

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No  
☒ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
Eastern Niagara Hospital Union Pension Plan (Plan #002)	EIN: 16-1137084
Eastern Niagara Hospital 403(b) Retirement Plan (Plan #004)	EIN: 16-1137084
Eastern Niagara Hospital Fringe and Welfare Benefit Plan (Plan #502)	EIN: 16-1137084
Eastern Niagara Hospital Inc. Defined Benefits Plan (Plan #001)	EIN: 16-1137084
1199 SEIU Regional Pension Fund (Plan #001) 1199 SEIU MultiEmployer Plan	EIN: 16-1112391
Eastern Niagara Hospital, Inc. (Plan #002) VALIC Group #08012	EIN: 16-1137084
Eastern Niagara Hospital, Inc. (Plan #1284) Lincoln Group #892718+006	EIN: 16-1137084
Eastern Niagara Hospital, Inc. - MetLife Group #0836900	EIN: 16-1137084

Debtor Eastern Niagara Hospital, Inc.

Case number (if known) 1-19-12342-CLB

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

11/27/19

Anne E. McCaffrey  
Signature of individual signing on behalf of the debtor

Anne E. McCaffrey  
Printed name

Position or relationship to debtor President & CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes